Heartland Health Region

Heartland Health Region's Annual Report

2013-2014

Annual Report to the Minister of Health

For the 2013-14 Fiscal Year Ended March 31, 2014

Heartland Health Region

OUR VISION

Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System

OUR MISSION

To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health.

OUR VALUES:

- ***Compassion***
- ***Respect***
- ***Collaboration***
- ***Stewardship***
- ***Excellence***

WE WILL FOCUS ON:

- **Better Health**
- **Better Care**
- **Better Teams**
- **Better Value**

Table of Contents

Table of Contents i
Letter of Transmittal 1
Overview of the Annual Report 2
Vision, Mission and Values 2
Regional Health Plan 2
Heartland Health Region Overview 5
Governance and Transparency 11
Partnerships 12
Key Partners and Health Care Organizations 14
Our Region 17
Health Behaviours and Lifestyle Factors 19
Overview of Programs and Services 26
Better Health 26
Better Care 31
Better Teams 37
Better Value 48
Emerging Health Issues 52
Progress in 2013-2014 53
Payee Disclosure Lists 67
Management Report 76
Financial Statements 77

Table of Figures

Figure 1: Heartland Map of Facilities 4
Figure 2: Organizational Structure 8
Figure 3: HRHA Board 11
Figure 4: Heartland Health Region Population (2013) 17
Figure 5: Perceived Health as Very Good or Excellent 19
Figure 6: Physical Activity During Leisure Time 20
Figure 7: Body Mass Index Age 18+ 21
Figure 8: Current Smokers 22
Figure 9: Current Smokers by Age 22

Figure 10: Exposed to Second Hand Smoke in Vehicles 23
Figure 11: Exposed to Second Hand Smoke in Public Places 23
Figure 12: Heavy Alcohol Consumption by Sex 24
Figure 13: Fruits and Vegetables Daily Consumption 25
Figure 14: High Blood Pressure 25
Figure 15: Primary Care Team Kerrobert 27
Figure 16: Distribution Full Time Equivalents by Affiliation 2013-14 37
Figure 17: Overtime Hours/FTE 40
Figure 18: Callbacks as a Proportion of Overtime 42
Figure 19: Sick Time Hours 42
Figure 20: Dr. Amrish Ramiah 45
Figure 21: Dr. Nelini Reddy 45
Figure 22: Dr. Adedayo Bakare 45
Figure 23: Dr. Hatim Osman Kheir 45
Figure 24: Dr. Bisyao Olabiyi 46
Figure 25: Dr. Karan Ralhan 46
Figure 26: Kindersley Physician Group 46
Figure 27: Primary Care Clinic Rosetown 47
Figure 28: Resident arrives at New Facility in Rosetown 49
Figure 29: Exterior Courtyard New Biggar Long Term Care Facility 50
Figure 30: New Kerrobert Integrated Health Facility 50
Figure 31: Outpatient and Inpatient Surgical Targets 56
Figure 32: HHR Potential Surgical Infection Rate 58
Figure 33: Medication Reconciliation on Admission to Acute Care 60
Figure 34: Cumulative Total Yearly WCB Claims 64
Figure 35: 2013-14 Back Injuries with Mechanism of Injury 65
Figure 36: 2013-14 Shoulder Injuries with Mechanism of Injury 65

Table of Tables

Table 1: EMS Calls in Heartland 7
Table 2: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2013-14) 9
Table 3: Statistical Data for 2013 – The Year at a Glance 10

Table 4: Equipment Purchased in 2013-2014 14
Table 5: Aboriginals Living in Heartland Health Region 39
Table 6: Overtime Hours for 2012-2014 by Union Affiliation 40
Table 7: 2013-2014 Overtime Costs by Department or Service 41
Table 8: Sick Time 2012-2014 by Union Affiliation 43

Access the Annual Report online at:
http://www.hrha.sk.ca/annualreport.htm

Letter of Transmittal

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan;

The Heartland Regional Health Authority (HRHA) is pleased to provide you and the residents of the health region with the 2013-2014 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2014.

The Heartland Health Region (HHR) had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of the employees and medical staff of the Heartland region, investments from the Province of Saskatchewan, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,

Richard Anderson
Chairperson

Overview of the Annual Report

The 2013-2014 Annual Report will highlight successes and challenges we have had during the past year. It will outline some of the programs and initiatives we have been working on throughout the region. The report will also show how our programming and services align with the Ministry of Health's Health Plan.

In the Heartland Health Region, we are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. The region has been working hard to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous quality improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, when planning for anticipated change we can consistently put the clients' needs and wishes first.

Did You Know?

On a yearly basis, Heartland Health Region:

- Admits more than 2,678 acute care patients to hospital;
- Provides more than 921 surgeries, including diagnostic procedures;
- Has more than 35,540 ambulatory care and out-patient visits;
- Responds to more than 3,471 emergency medical service calls (EMS);
- Conducts over 461,557 laboratory tests and x-ray exams;
- Conducts over 2,147 ultrasound exams;
- Provides more than 4,634 doses of influenza vaccine to populations over age 65;
- Provides service to more than 1,986 home care clients;
- Provides residential care to more than 476 residents in long term care.

Vision, Mission and Values

The region adopted a new vision, mission and values statement in April 2010. "Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System" is the vision. The mission is "To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health." Our values are Compassion, Collaboration, Excellence, Respect and Stewardship.

Regional Health Plan

The Heartland Regional Health Authority (HRHA), also known as the Heartland Health Region (HHR) is responsible to deliver health care services to citizens living within its borders. This year we continued on a different journey to the achievement of our new Health Plan 2013-2014. The Health Plan sets out how we turn our strategies into actions that are aligned with the Provincial Health System. It is the 'Strategic Directions' that establish the actions the Region will take.

Hoshin Kanri is a term which refers to a new coordinated process for strategic planning. This is a system where goals are jointly determined, plans to achieve the goals are established, and measures are created to ensure progress towards these goals. The discipline of Hoshin Kanri is intended to help an organization "focus and finish." It involves identification of shared goals, communicating the goals to all leaders and holding participants accountable for achieving their part of the plan. The Hoshin Kanri process provided the region with a valuable opportunity to review our priorities and determine must-do-can't-fail initiatives.

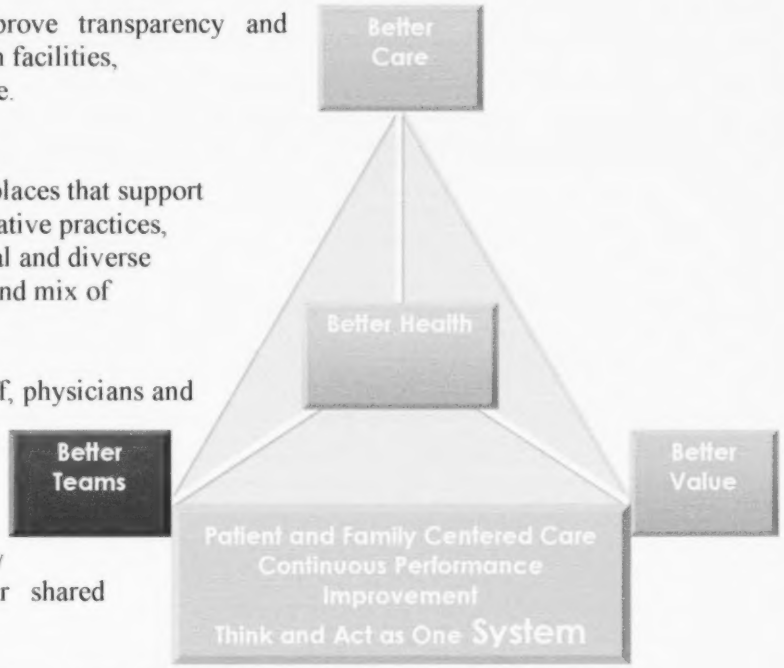
There are four long term strategies identified as priorities for the provincial system. These are Better Health, Better Care, Better Value and Better Teams.

Better Health
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value
Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

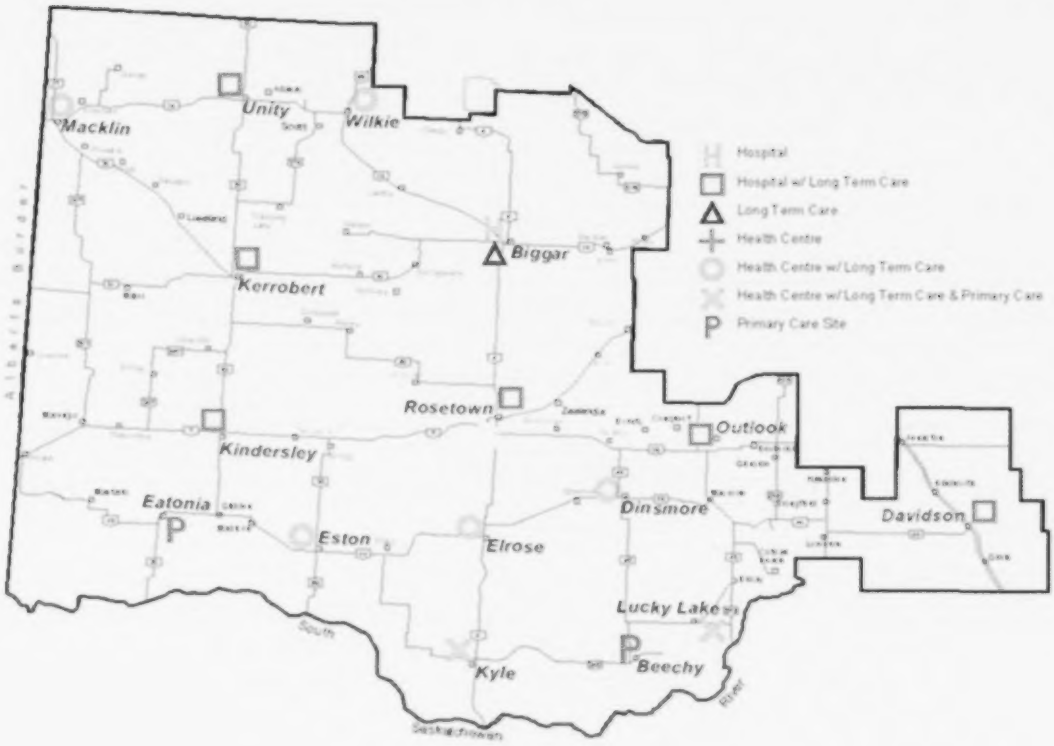
Better Teams
Build safe, supportive and quality workplaces that support patient-family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.



The engagement and support of our staff, physicians and managers is **key** to accomplishing our vision of a transformed health system. It is important that we engage staff at every level with strategic planning and help them understand how every employee's work supports our shared vision and plans for the future.

Information about Strategic Planning for the Saskatchewan health care system and the Ministry of Health Plan for 2013-14 is available on the government website: www.health.gov.sk.ca/strategic-direction.

Figure 1: Heartland Map of Facilities



Heartland Health Region Overview

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Health Services, Human Resources, Corporate Services, and Primary Health/Quality Services. The Senior Medical Officer is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2 on page 8.

Programs and Services

Quality Services

Using different approaches and methods, Quality Services supports improvement initiatives across Heartland's clinical services and programs.

In some cases these improvement initiatives are initiated through provincial directives. Providing support with the implementation of the surgical safety checklist and medication reconciliation on admission to acute care are examples of provincial initiatives. Other improvement initiatives are in response to the "customer's voice". For example, improvement work around the adoption of new standard work in the preparation and the delivery of dietary services was in response to concerns raised by families and clients in select Long Term Care facilities. Improvement initiatives are also driven by Heartland Regional Health Authority (HRHA) strategic priorities.

In addition to strategic priorities, improvement initiatives and risk management activities also spring from follow-up to individual client concerns, or critical incidents involving a near miss or actual adverse event. Risk management also occurs in the form of responding to and monitoring improvements triggered by an "Issue Alert" from the Ministry of Health, or product and equipment vendors.

Primary Health Care Services

Various forms of Primary Health Care (PHC) service delivery exist across the Region. In many communities PHC is delivered through the traditional model of clinic based services delivered by sole or group practice physicians. In contrast to the traditional model, the communities of Beechy, Lucky Lake and Kyle have a well-established team-based, collaborative model of care. These three communities share a single physician who collaborates with one full-time Nurse Practitioner (NP) in each community. Each of the communities have access to a full-time NP five days a week and if need be the NP can consult with the physician on a daily basis regardless of which community the physician is visiting.

Kerrobert, Kindersley and Rosetown, among others, are communities with new, emerging models of PHC. In these communities' physicians and other service providers, such as NPs, Dieticians, Chronic Disease Nurse, Diabetes Nurse Educators and Home Care Nurses are collaborating in new ways of practice and case management. The Diabetes

Nurse Educator saw 2,405 clients in 2013-2014. The Dietitians had 2,655 clients seen in 2013-2014.

Population Health Services

Population Health Services is comprised of Public Health Inspection, Public Health Nursing, Dental Health Education, Population Health Promotion, Public Health Nutrition, and the Parent Mentor Program. Public Health Inspectors are located in Rosetown, Biggar, Unity, Kindersley, and Outlook. Public Health Nurses are located in Rosetown, Biggar, Unity, Kerrobert, Kindersley, Outlook and Davidson. Parent Mentor Programs are in Biggar and Unity. Dental Health Education, Public Health Nutrition and Population Health Promotion work out of the Rosetown office.

Community-Based Services

To provide better access to services for clients, the Region has developed community-based services that are available in the larger communities in the Region. Outlook, Rosetown, Kindersley, Unity and Biggar Health Centres all house Mental Health (Nurses and Counsellors), Addictions (Counsellors), and Therapies (Physiotherapy and Occupational Therapists). Physio and Occupational therapy had 11,086 client visits in 2013-2014. Also included in community-based services are regional programs such as Autism, Speech Language Pathology, and Community Inclusion Support Services. Speech and Language Pathology had 328 visits in 2013-14.

Hospital/Acute Care

Acute care services in Heartland are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Ministry of Health. The region's seven hospitals provided 82 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 2 on page 9 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care

Heartland and its affiliate St. Joseph's Health Centre provide Institutional Supportive Care (Long Term Care) services with 476 beds in facilities located in 14 communities (See Table 1). Requests for placement in Long Term Care facilities are prioritized based on need. Heartland's facilities offer an additional 57 program beds that provide respite, palliative, convalescent and observation programs.

Emergency Medical Services (EMS)

The Heartland Health Region has seventeen EMS sites. Sixteen of these sites operate a traditional EMS service and one site operates as an EMS Rover service. Of these seventeen sites, fifteen are region owned and operated. The two contracted EMS services are located in Beechy and Elrose.

Heartland EMS services responded to 3,471 calls in 2013-2014. This is a regional decrease of 37 calls from 2012-2013. The EMS sites are staffed with Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Emergency Medical Technician – Advanced (EMT-As) and Emergency Medical Technician – Paramedics (EMT-Ps). There are around 145 EMS staff employed in the region. The majority of these staff are on-call casual employees.

Table 1: EMS Calls in Heartland

Site	2012-2013 EMS Calls	2013-2014 EMS Calls	Increase/Decrease
Beechy	66	71	+5
Biggar	429	459	+30
Davidson	359	310	-49
Dinsmore	55	43	-12
Dodsland	23	43	+20
Eatonia	71	67	-4
Elrose	20	43	+23
Eston	102	123	+21
Kerrobert	177	190	+13
Kindersley	707	728	+21
Kyle	71	70	-1
Luseland	59	37	-22
Macklin	79	91	+12
Outlook	393	381	-12
Rosetown	435	360	-75
Unity	323	337	+14
Wilkie	139	118	-21
Regional Total	**3508**	**3471**	**-37**

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as needed basis. Home care gave services to 1,986 clients in the 2013-14 year. There were 35,018 meals supplied to 331 clients during this fiscal period.

Figure 2: Organizational Structure

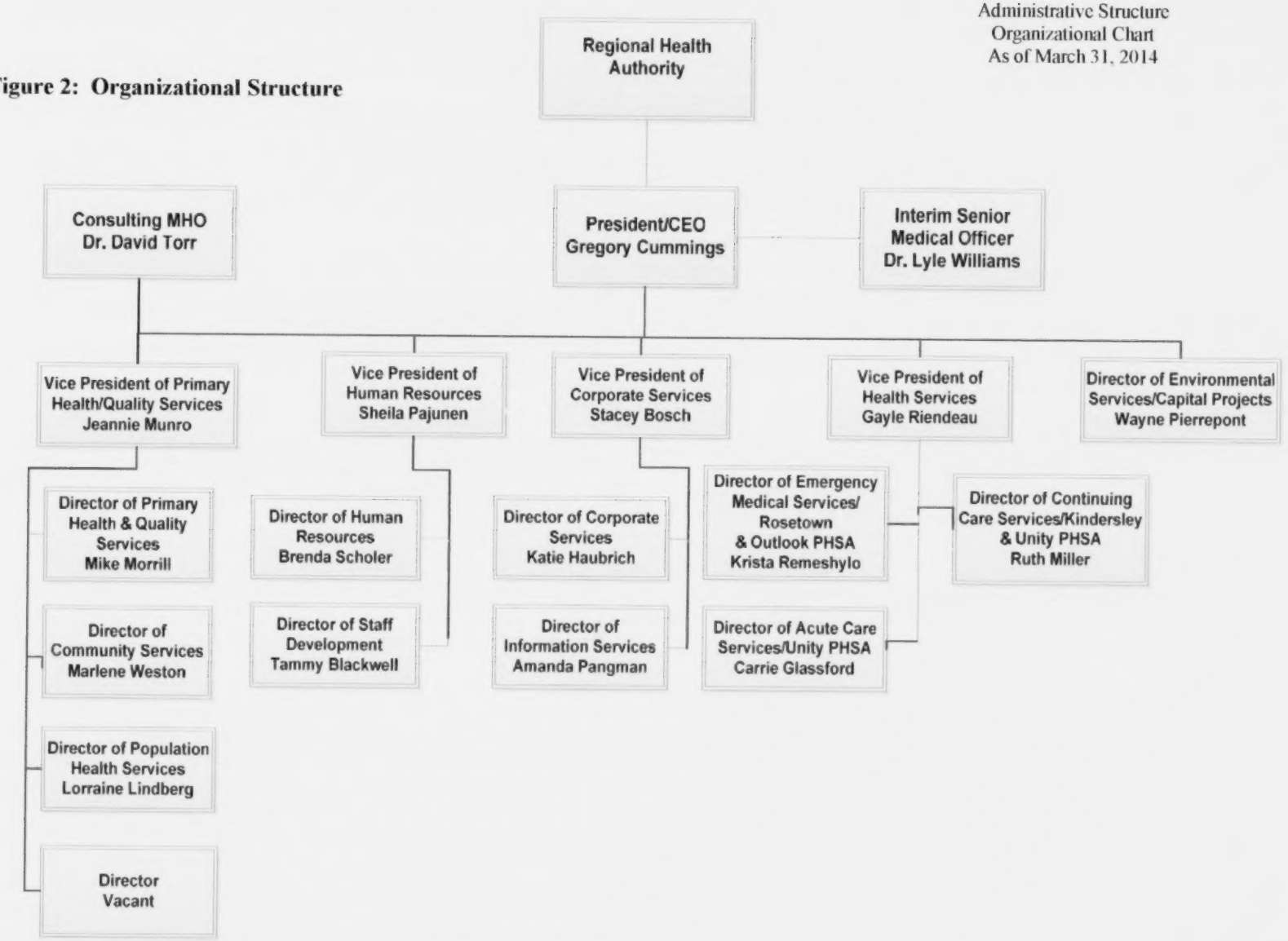


Table 2: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2013-14)

Facility	Program Offered	Acute	Long Term Care	Program	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley Health Centre	Acute, Program	21	0	5	26
	LTC	0	77	2	79
Total District Hospitals		**21**	**77**	**7**	**105**
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Health Centre	Acute, Program	10	10	2	22
	LTC	0	20	0	20
Outlook & District Health Centre	Acute, LTC, Program	10	42	5	57
Rosetown & District Health Centre	Acute, Program	16	0	5	21
Unity & District Health Centre	Acute, LTC, Program	10	32	2	44
Total Community Hospitals		**61**	**134**	**22**	**217**
Sub Total District/Community Hospitals		**82**	**211**	**29**	**322**
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program	0	18	3	21
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	LTC, Program	0	30	3	33
Eston Health Centre	LTC, Program	0	31	4	35
Kyle Health Centre	LTC, Program	0	17	3	20
Lucky Lake Health Centre	LTC, Program,	0	17	3	20
Wilkie Health Centre	LTC, Program	0	29	5	34
	Health Centres Subtotal	**0**	**142**	**21**	**163**
Special Care Homes					
Diamond Lodge	LTC, Respite	0	54	1	55
Rosetown Nursing Wing	LTC	0	21	0	21
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
	Special Care Home Subtotal	**0**	**101**	**3**	**104**
Total HHR Beds		**82**	**454**	**53**	**589**
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total		**82**	**476**	**57**	**615**

*Program beds may include respite, convalescent, palliative and observation

Table 3: Statistical Data for 2013 – The Year at a Glance

STATISTICS - Hospitals	2013	2012
Acute Care Inpatient Separations	2,678	3,028
Live Births	27	96
Surgical Cases (OR & Day Surgery in OR)	921	1,024
Hospital Emergency Room Visits	24,906	28,398
Hospital Ambulatory - Scheduled Visits - General Medicine	9,634	9,284
Specialty	1,758	1,705
In-House Laboratory Tests and X-ray Exams	461,557	409,557
Ultrasound Exams	2,147	2,056
Ambulance Calls	3,471	3,508
STATISTICS - Continuing Care	**2013**	**2012**
Long-Term Care Separations	211	243
Temporary Care Separations	389	436
STATISTICS - Community Services	**2013**	**2012**
Physiotherapy Occupational Therapy Visits	11,086	10,965
Speech & Language Pathology Visits	328	379
Dietitian Visits	2,655	2,817
Diabetes Nurse Educator Visits	2,405	2,196
Podiatry Visits	1,980	1,673
Telehealth Clinics and Education Sessions	953	974

Governance and Transparency

Heartland Regional Health Authority (HRHA) has completed its eleventh year of operation. An eleven member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. In August, 2013 the Ministry of Health appointed one new board appointment to the HRHA. The new Board appointment from Kindersley was Mark Stockford. He joined existing board members Chairperson Richard Anderson, Vice Chairperson Lorreen Illott, Hazel Lorenz, Mary Lou (ML) Whittles, Loretta Goring, George Siemens, Gary Groves, Lyle Rankin, David Nykiforuk and Norman McIntyre.

Figure 3: HRHA Board

Back Row (L-R): Mark Stockford; Hazel Lorenz; Richard Anderson, Chair; Lyle Rankin; David Nykiforuk and Norman McIntyre
Front Row (L-R): George Siemens; Loretta Goring; Mary Lou (ML) Whittles; Lorreen Illott, Vice-Chair; and Gary Groves

Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values.

The Heartland Health Region places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources within the context/realities of the present day. Within these contexts, ethical dilemmas sometimes arise. The Heartland Regional Ethics Advisory Committee has developed a regional Code of Ethics as well as an Ethics Decision-making Framework to provide references and a process to assist people (staff, physicians, community stakeholders) to find a resolution to these dilemmas. Additionally, the Ethics Advisory Committee continues to offer an Ethics Consultative service to clients, families, staff, physicians and community members.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships between the Authority, regional stakeholders, and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process. The Board participates in an accreditation process using the governance functioning tool, conducting a self-assessment using Accreditation Canada's governance standards, and actively participating in the on-site survey.

Roles and Responsibilities

For 2013-2014, the Accountability Document issued annually by the Ministry of Health focused on strategic direction and expectations. The annual Accountability Document and the Health System Plan provided by the Ministry of Health also identify specific program and service expectations for

the health region. The region's strategic directions are aligned with those of the Ministry of Health, all Saskatchewan Health Authorities, and the Saskatchewan Cancer Agency.

The government, regional health authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) are focused on quality patient care and improving the patient experience. CEOs and executive staff play a critical role in the health system and have been asked to lead transformational change throughout the health system. To encourage this leadership and increase executives' accountability, the Ministry of Health, RHAs and the SCA agreed in early 2011 to an Executive Pay-for-Performance Plan (EPPP) for their CEOs and Vice-Presidents. This plan measures and compensates for senior-level responsibility to successfully achieve established objectives.

The President/CEO reports directly to the RHA regarding general and daily operations of the health region. The Senior Leadership Team, comprised of four vice-presidents, the Director of Environmental Services, the Senior Medical Officer and the President/CEO, meets frequently and are responsible for planning, integrating and delivering health services throughout the region.

The Regional Operational Planning Team (OPT) comprised of the CEO, the Senior Leadership Team and all program Directors, meet regularly. The OPT is a regional forum of health care leaders dedicated to enhancing the client's experience through collaboration amongst portfolios. Using a leadership style that facilitates change, the team addresses strategic direction and operating practices to ensure health system improvements. The OPT members provide input into strategic and operational plans, ongoing action plan development, and achievement and performance monitoring.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the Province. It articulates the expectations for the organizational programs, service and funding of regional health authorities.

Health Shared Services Saskatchewan (3sHealth) and Saskatchewan Association of Health Organizations (SAHO)

The partnership to form 3sHealth was established between all Saskatchewan health regions and the Saskatchewan Cancer Agency in April 2012.

3sHealth is a new organization that will leverage economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. 3sHealth assumed the established shared services provided by SAHO such as payroll, group benefits, and procurement contracts administration.

SAHO will operate as the representative employer for health regions in collective bargaining negotiations and interpretation.

Sun West School Division
Heartland Health Region has a close working relationship with the SunWest School Division as its territory has the same boundaries except for the Unity area. The Region provides education regarding addictions issues to classes in both elementary and high schools. Heartland's Autism program is involved with students in the schools and works with teachers to adapt programs to best serve autistic children.

Integrated Case Management has been a renewed concept in the last year involving the partners who participate in the West Central Regional Intersectoral Committee. There have been many case conferences involving the School Division, Heartland Health Region Child and Youth Counselors and the Ministry of Social Services.

Other Partnerships
The Saskatoon Health Region is another important regional partner. With no tertiary hospital, inpatient psychiatric or inpatient addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The Saskatoon Health Region provides psychiatrists on contract to visit the communities of Rosetown, Kindersley, Outlook and Biggar on a monthly basis to provide local access for psychiatric clients. The Saskatoon Health Region also hosts services such as a Forensic Child Psychologist who assesses clients and families. Mental Health and Addictions staff take advantage of webinars and Telehealth presentations provided by Saskatoon Health Region that allow staff to access education opportunities without incurring the costs of travel and accommodations. Heartland will also be sharing a halftime Knowledge Exchange Trainer with Saskatoon to help us with providing training specific to Heartland's needs for Mental Health and Addictions staff.

The region worked together with the Cypress Health Region in order to provide Nurse Practitioner services in the community of Eatonia. This past year Heartland partnered with Cypress Health Region to establish a contract for sterilization of medical devices for our region. This contract is being monitored by the Regional Surgical Team with input from the Infection Control Practitioner.

Community Advisory Networks
Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC) and the Waterwolf Planning Commission) to successfully resolve issues related to equipment requirements, service levels and resident concerns.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:
- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee
- Liaising with local Health Foundations

- Working with local community physician recruitment groups
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups
- Physician recruitment working group

Key Partners and Health Care Organizations

Health and Community Foundations

Health foundations and community donors play an important role in ensuring we have up to date equipment to provide quality health care to the residents of Heartland Health Region. In 2013-2014 we invested $226,428 in upgrades to our facilities, and purchased approximately $887,088 in capital equipment, where 62% of the equipment was funded from foundations and donations. Equipment purchased in 2013-2014 was split as per the categories below:

Table 4: Equipment Purchased in 2013-2014

Category	Total Spent
Patient Comfort and Safety Equipment	$335,120
Surgical Nursing	$104,320
EMS	$279,618
Medical Nursing	$52,646
Diagnostics	$51,409
Information Systems	$47,395
Support Services	$16,580

In 2013-2014, the region was able to purchase electronic beds, laboratory equipment, cardiac monitors, defibrillators, and surgical equipment with regional monies. Foundations contributed $527,789 and donations from individuals and bequests contributed $18,722 to our capital equipment. Approximately seventeen community foundations and advisory groups exist within the boundaries of the Heartland Health Region. Donations may also be made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchase. Donations received in 2013-2014 were primarily used for patient comfort and safety equipment, clinical equipment, and resident equipment to improve quality of life (resident furniture, cabinets, TVs and an outdoor courtyard).

Foundations and local communities are also instrumental in the planning and building of three long term care facilities. In 2013-2014, $29,467,146 was invested into the building projects in the communities of Rosetown, Biggar, and Kerrobert. Communities fund 20% of the building projects, which amounts to $5,859,416 in donations towards these projects.

BridgePoint Center Inc., Milden

Heartland is proud to be home to this provincial program that offers intensive residential program services for adults and youths, as well as their families, who are struggling with eating

disorders. Bridgepoint Centre is continually reviewing its programs to ensure that it meets a growing range of clients. A Youth Program was held in February after many calls from parents requesting services. In March a retreat hosted twelve male clients and was highly successful.

The Finance Committee has been working with the liaison from Heartland Health Region to develop an ongoing contract with the Region that sets out the parameters of their relationship. The contract encompasses accountability and fiscal provisions. It is expected to be completed early in the new fiscal year.

Community Inclusive Support Services Program
The Community Living Division of the Ministry of Social Services funds a Community Based Organization operated by Heartland Health Region providing services to challenged individuals. Now that the program serves all of Heartland Health Region, the Program Manager who works out of Unity and the Consultant who is headquartered at the Kyle Health Centre have experienced an increase in caseload. They have primarily been assisting clients in applying for grants for services through the Cognitive Disability Strategy that the Ministry of Social Services funds and applications have been successful.

West Central Regional Intersectoral Committee
Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants include the R.C.M.P., Sun West School Division, and the Rivers West District for Sport, Culture and Recreation, Great Plains Regional College, Ministry of Social Services and Ministry of Education. The RIC covers most of Heartland's area with the exception of Unity and area. Heartland Health Region is the responsible partner for the RIC and holds the funding for the Committee.

One of the West Central RIC's strategic objectives is to support Family Resource Centres throughout its boundaries. The Kids First Community Developer, a position funded through the Ministry of Social Services and held by Heartland, has been working to assist community members to provide services through Family Resource Centres in Kindersley, Rosetown and Outlook. Each of the Family Resource Centres is at different stage of development and is or will be meeting the unique needs of its community.

Other objectives are to provide education and networking activities for community and staff development. A Networking Forum was held last spring where community agencies set up booths to share information about the services they provided. Also, through the assistance of Sun West School Division, the RIC sponsored a Level 1 Threat Assessment Training event in Kindersley that was very well received by those who attended.

Canadian Mental Health Association, Kindersley
The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin operates as the region's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

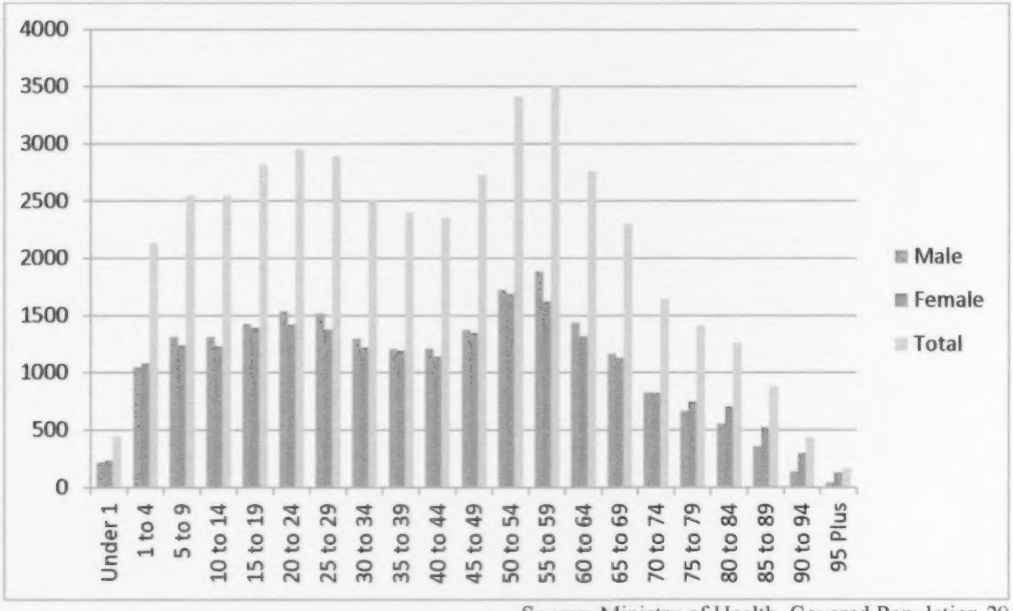
St. Joseph's offers out-patient treatment; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the Regional Health Authority in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It provides health care services to a population of 44,102 residents over 431,770 square kilometres of land. (Source: Ministry of Health. Covered Population 2013). Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 20 Hutterite Colonies. The region's largest urban centre is Kindersley, with a population of 5,349. Other major centres include Rosetown (3,095); Unity (3,067); Biggar (3,021); and Outlook (2,838). Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may create challenges regarding access to services.

Figure 4: Heartland Health Region Population (2013)



Source: Ministry of Health. Covered Population 2013

In 2013, Heartland's population was closely divided between males and females with 22,251 males (50.45%) and 21,851 females (49.55%). Some 18% of the region's population is 65 years of age or over, compared to the 14% in the province as a whole. Figure 4 provides a further breakdown of Heartland's 2013 population by age and sex.

Our aging population is also driven by a particular set of values, resulting in predictable lifestyle choices. The overwhelming preference is for our aging population to utilize the health and social service which affords them the greatest level of personal freedom, independence, and autonomy. The health system's *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health

system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, etc.) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc.).

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the "Baby Boomers". Within our health status information we have also identified significant trends which are of a particular relevance to that age group (diabetes, high and low blood pressure, obesity, chronic obstructive pulmonary disease, etc.). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

In assessing current health status in the region, there are two important considerations for the future:

- Over half the population (52%) is over the age of 40. In contrast, approximately 24% of the population is under the age of 20; and
- Healthy eating and regular exercise are below the provincial average.

For our aging population, improvement in or prevention of disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and
- Less dependence on the health system.

For youth, risky behaviour is the perennial cause of most health problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue. For our elder population, health is most often complicated due to falls, thus fall prevention as well as support for chronic conditions are two key priorities that we have put more focus on now and into the future.

Health Behaviours and Lifestyle Factors

Perceived Health

Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. It is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as incipient disease, disease severity, physiological and psychological reserves as well as social and mental function. It refers to a person's health in general — not only the absence of disease or injury, but also physical, mental and social well-being".

In Heartland Health Region (HHR), 60.3% of the residents perceived their health as very good or excellent (2011-2012). Although lower than previous years, the percentage was higher than the provincial and national averages.

Figure 5: Perceived Health as Very Good or Excellent

	2007/2008	2009/2010	2011/2012
Canada	59.30%	60.30%	59.90%
Saskatchewan	55.20%	58.10%	56.90%
Heartland Health Region	63.20%	58.90%	60.30%

Source: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0502

In HHR, more females (62.4%) thought that their health was very good or excellent compared to males (58.3%).

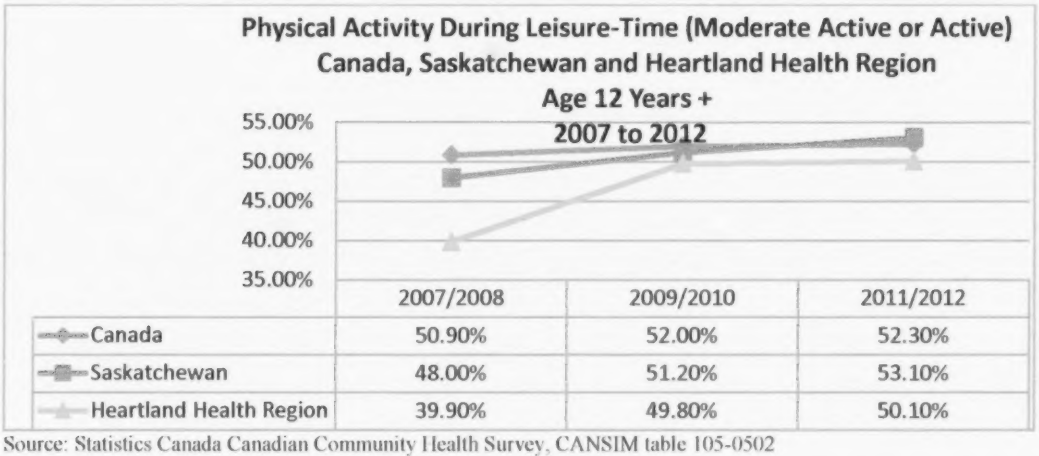
More people between 20 and 34 years of age (72.1%) perceived that they were in a very good or excellent health condition compared to other age groups (2011-2012).

Physical Activity

The health benefits of physical activity include a reduced risk of cardiovascular disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, depression, stress and anxiety.

The percentage of people in the region who reported to have engaged in physical activity increased from 39.9% to 51.1% between 2007-2008 and 2011-2012. While HHR rates were lower than the provincial and national averages; they have increased and are similar to 2012 percentages.

Figure 6: Physical Activity During Leisure Time



	2007/2008	2009/2010	2011/2012
Canada	50.90%	52.00%	52.30%
Saskatchewan	48.00%	51.20%	53.10%
Heartland Health Region	39.90%	49.80%	50.10%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

The percentage of females in HHR who reported to have engaged in physical activity increased from 37% to 58.4% between 2007-2008 and 2011-2012. Figure 9 shows a marked difference in activity between males and females after 2009-2010. More people between ages 12 to 19 (74.5%) reported to have engaged in physical activity compared to those in other age groups.

For years it has been clear that physical activity is essential to maintaining overall health and well-being. There are numerous benefits to physical activity, including reduced risk of a number of health problems including, for example, cardiovascular disease, obesity, diabetes, and high blood pressure.

Body Weight

Body Mass Index (BMI) is a common measure used to determine if an individual is within a healthy weight range. It is calculated by dividing the respondent's body weight (in kilograms) by their height (in meters) squared. Individuals who are within normal BMI range have the least health risks, while those both underweight and overweight have increased health risks.

Obesity has been linked with many chronic diseases including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer.

In HHR, the percentage of people reported as overweight or obese was similar (57%) between 2007-2008 and 2011-2012. Both Heartland and Saskatchewan are considerably higher than the Canadian average.

Figure 7: Body Mass Index Age 18+

	2007/2008	2009/2010	2011/2012
Canada	50.90%	52.00%	52.30%
Saskatchewan	58.00%	58.70%	59.50%
Heartland Health Region	57.90%	59.90%	57.40%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

More males in HHR were classified overweight or obese compared to female between 2007-2008 and 2011-2012. In HHR, being overweight or obesity was more commonly reported after the age of 35.

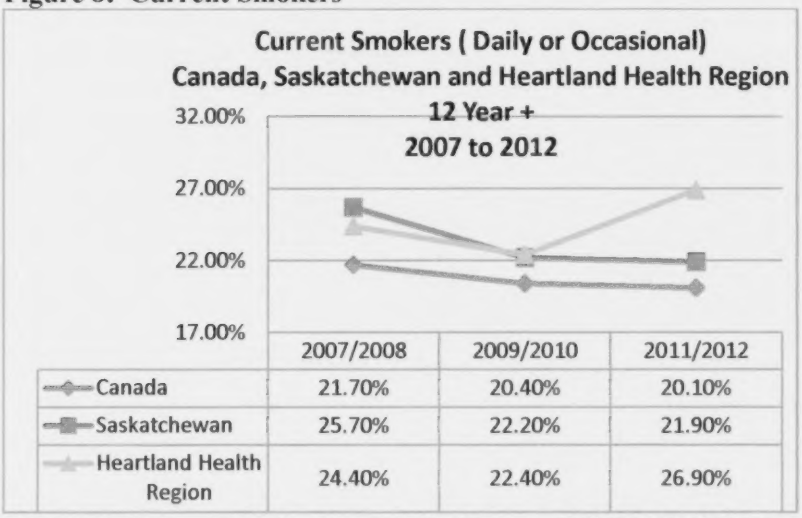
Smoking

Smoking is a risk factor for lung cancer, heart disease, stroke, chronic respiratory disease, and other conditions. According to the World Health Organization, smoking is an important and preventable cause of death.

Daily smokers refer to those who reported smoking cigarettes every day (does not take into account the number of cigarettes smoked). Occasional smokers refer to those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally.

In HHR, the percentage of those who reported to being a daily or occasional smoker in 2011-2012 was 26.9%. This was higher than the percentages in Saskatchewan (21.9%) and Canada (20.1%) as a whole.

Figure 8: Current Smokers



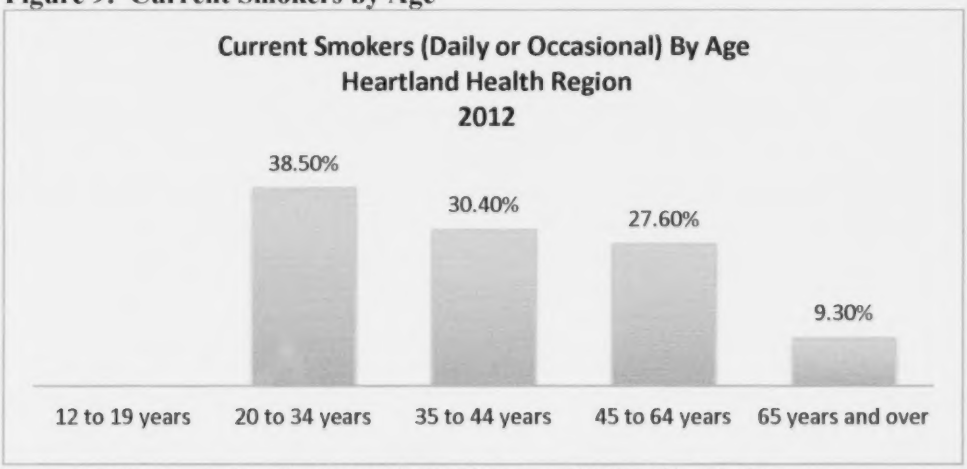
	2007/2008	2009/2010	2011/2012
Canada	21.70%	20.40%	20.10%
Saskatchewan	25.70%	22.20%	21.90%
Heartland Health Region	24.40%	22.40%	26.90%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR, significantly more males (35.5%) reported being a daily or occasional smoker compared to females (18.2%). Of additional note is that the rate for males has increased from 26.2% to 35.5% between 2007/2008 and 2011/2012.

In HHR, more people within the age group of 20 to 34 years (38.5%) reported being a daily or occasional smoker, compared to people in the other age groups (Figure 9).

Figure 9: Current Smokers by Age

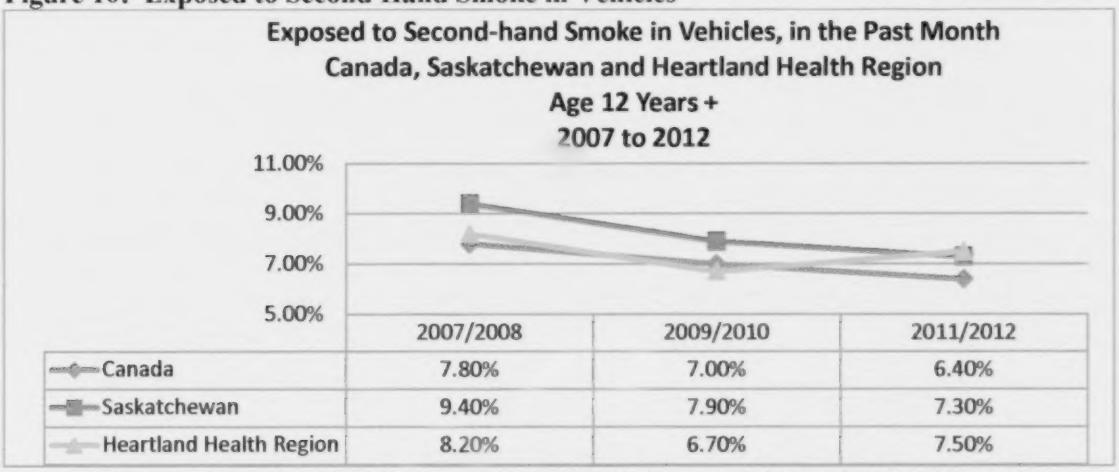


Source: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0502
*12 to 19 years data is too unreliable to be published

Passive smoking, or exposure to second-hand smoke, has negative respiratory health effects. Two of the most common associated diseases are lung cancer in adults and asthma among children.

In general, the percentage of those who reported to have been exposed to second-hand smoke in vehicles (in the past one month) declined between 2007-2008 and 2011-2012.

Figure 10: Exposed to Second Hand Smoke in Vehicles

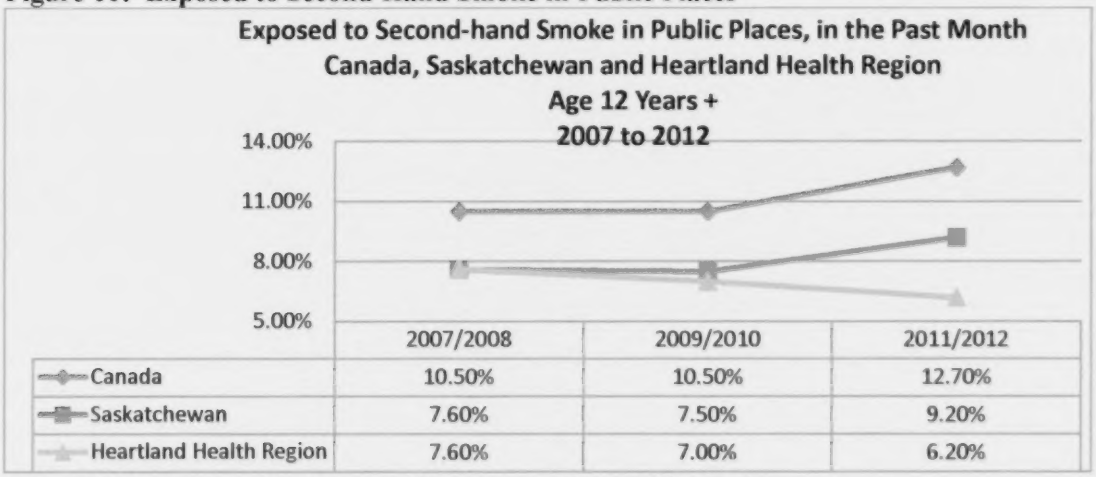


	2007/2008	2009/2010	2011/2012
Canada	7.80%	7.00%	6.40%
Saskatchewan	9.40%	7.90%	7.30%
Heartland Health Region	8.20%	6.70%	7.50%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

The percentage of those in HHR who reported to have been exposed to second-hand smoke in public places declined between 2007-2008 and 2011-2012. This could be a result of the 2010 amendments to the Saskatchewan Tobacco Act prohibiting smoking in public places however, the overall rates in Saskatchewan slightly increased. The overall rate in Canada increased as well.

Figure 11: Exposed to Second Hand Smoke in Public Places



	2007/2008	2009/2010	2011/2012
Canada	10.50%	10.50%	12.70%
Saskatchewan	7.60%	7.50%	9.20%
Heartland Health Region	7.60%	7.00%	6.20%

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

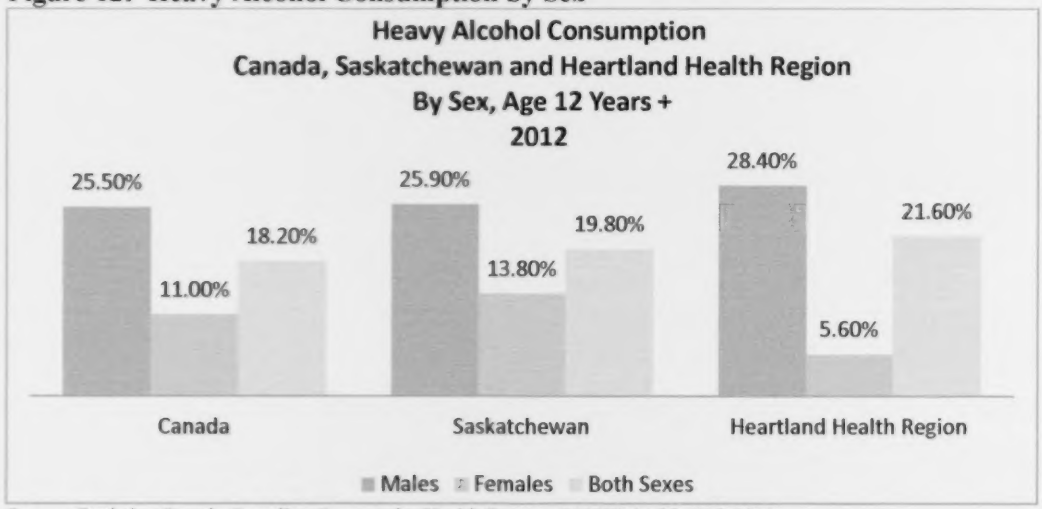
In Heartland Health Region the percentage of people 12 years and older who reported they were daily or occasional smokers in 2011 was 34.4%. This proportion is a significant increase over the 2010 rate, but similar to the data from 2007. Given the health risks, and that approximately three out of every ten people in Heartland are regular smokers, this may be an area for focused improvement.

Alcohol Consumption

Heavy drinking refers to having consumed five or more drinks, per occasion, at least once a month during the past year. This level of alcohol consumption can have serious health and social consequences, especially when combined with other behaviors such as driving while intoxicated.

Figure 12 shows a higher percentage of people (21.6%) reported to have been involved in heavy alcohol consumption in HHR compared to Saskatchewan (19.8%) and Canada (18.2%) as a whole. More males reported to have engaged in heavy alcohol consumption compared to females.

Figure 12: Heavy Alcohol Consumption by Sex

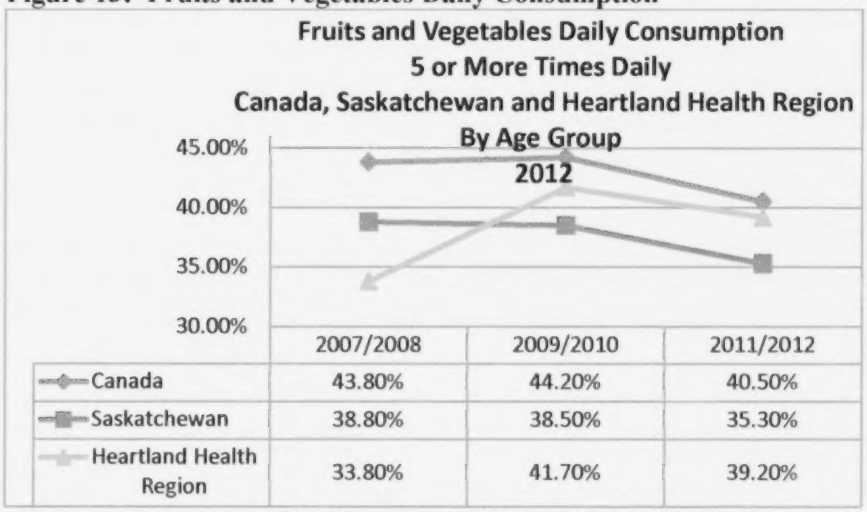


Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

Healthy Eating –Vegetable and Fruit Consumption

Part of a healthy diet is the adequate consumption of fruits and vegetables on a daily basis. This indicates the usual number of times (frequency) per day a person reported eating fruits and vegetables. This measure does not take into account the amount consumed. Fruit and vegetables are an important source of vitamins, minerals and fiber. A diet rich in fruit and vegetables may reduce the risk of heart disease and some types of cancer. In HHR, the percentage of people who reported to have consumed vegetables and fruit five or more times a day increased from 33.8% to 39.2% between 2007-2008 and 2011-2012, although a decline was reported for Saskatchewan and Canada.

Figure 13: Fruits and Vegetables Daily Consumption



	2007/2008	2009/2010	2011/2012
Canada	43.80%	44.20%	40.50%
Saskatchewan	38.80%	38.50%	35.30%
Heartland Health Region	33.80%	41.70%	39.20%

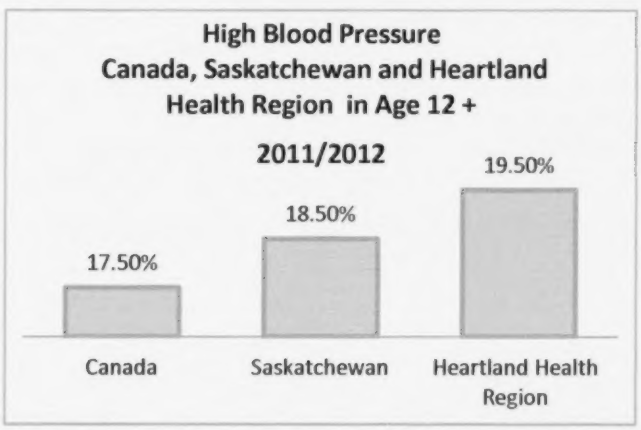
Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502

In HHR, more females (47.4%) reported to have consumed vegetables and fruit 5 or more times a day compared to males (31.4%). Generally, people between age 12 to 44 years reported to have consumed vegetables and fruit five or more times a day compared to those over 45 years of age.

High Blood Pressure

High blood pressure or hypertension significantly increases risk for stroke, ischemic heart disease, peripheral vascular disease and heart failure. In Heartland Health Region (HHR), 19.5% of the population aged 12 years and older reported to have been diagnosed with hypertension based on the 2011-2012 Canadian Community Health Survey. This was slightly higher than the provincial (18.5%) and national (17.5%) average. More males (21.9%) reported to have hypertension compared to females (16.8%). Age was also observed to be a major risk factor as 52.9% of seniors (65 years and older) reported being diagnosed with hypertension.

Figure 14: High Blood Pressure



The average annual incidence of high blood pressure in HHR was 29.6 per 1000 between 2006 and 2011. This was similar to the rates in the southern health regions, although slightly higher than the provincial rate (26.8 per 1000).

Source: Statistics Canada Canadian Community Health Survey, CANSIM table 105-0502, 2011-2012

Overview of Programs and Services
Better Health

Primary Health Care

Primary health care makes up about 80 percent of the services provided every day in the health system. It includes visits to family physicians, nurses and nurse practitioners, pharmacists, therapy services, and calls to the provincial HealthLine. Primary Health Care is the road map for a patient-centred, collaborative and multi-disciplinary approach that ensures timely access to the right care in the right place at the right time.

Improving Primary Health Care (PHC) often involves promoting collaborative practice in a team-based service model. In 2013 – 2014, some of our efforts were focused on collaborative, team-based service delivery, but the top priority was an ongoing focus on physician recruitment, a key resource, a foundational piece to any PHC model.

During 2013 – 2014 three new physicians were recruited to Kindersley, one to Rosetown, and two to Outlook. Considering five physicians were recruited to the Region in the previous fiscal year, HHR and our community partners have been busy orientating physicians to their new home community, to the Region, to the Canadian health care system, and to Heartland Health Region's brand of PHC. To put it into perspective, almost half of the region's physicians started a new practice in the last two years. This level of recruitment and on-boarding has been a major undertaking in itself. It also presents a prime opportunity to look at our current PHC services with fresh eyes, different perspectives and maybe most importantly, a better-resourced PHC model.

While no new resources were added to other parts of the PHC team, our Diabetes Nurse Educators, Community Dieticians, Chronic Disease Nurse, Exercise Therapist, Community Pharmacists, Home Care Nursing and Physio-therapy worked to enhance their services. The Diabetes Nurse Educators and Community Dieticians introduced a shared appointment approach, in collaboration with physicians, to some of their client base. Our Chronic Disease Nurse and Exercise Therapist continued to grow and enhance a rehabilitative walking program that is well attended in Outlook and Rosetown. A large part of the PHC team also took its first steps in developing what looks to be the start of a more comprehensive, better defined service for clients with Chronic Obstructive Pulmonary Disease (COPD). Considering the increase in availability of physician services and promising new developments focused on increased collaboration and opportunities for team work, there is a good start for the continued enhancement of PHC services in 2014 – 2015.

Primary Health Care Team Working Well in Kerrobert

Yvonne Veronelly is the new Nurse Practitioner in Kerrobert. It has been almost a year since she was introduced as a nurse practitioner into the Kerrobert area, but already the clinic and Health Region are noticing a positive difference.

Veronelly, who has lived in Kerrobert for 25 years, previously worked at the Kerrobert Integrated Health Centre full time. After receiving her Nurse Practitioner license in 2001, she began to practice in Northern Saskatchewan flying in for three weeks at a time while continuing to work part time in Kerrobert in her off weeks.

Figure 15: Primary Care Team Kerrobert

Dr. Johann Wentzel, the physician for Kerrobert and the surrounding area runs the only physician practice in Kerrobert. This practice also serves the communities of Luseland and Dodsland. Before Veronelly's arrival at the clinic, Wentzel says he was overbooked, many times working late into the evening in order to see all his patients. Now Veronelly is able to reduce his workload while increasing the number of patients seen.

Veronelly was introduced into the area under a new Primary Health Care (PHC) model. The purpose of this PHC model is to improve access to primary health care services. A Nurse Practitioner is an independent health care provider that collaborates and consults with physicians and other care professionals. She is able to do histories and physicals, give prescriptions for certain medications, order tests, make referrals to specialists and get patients in to see Dr. Wentzel sooner if she believes it is necessary. If there is something that Veronelly is unable to look after, she is able to contact the doctor.

The newly introduced primary care model is working well. The uptake of the community has been very good. One of the main factors for the model's success was the physician's willingness to collaborate. The health region consulted Dr. Wentzel about the new PHC model which would see a Nurse Practitioner introduced into his clinic.

The fact that Yvonne is from the community has helped with her introduction as Nurse Practitioner because she knows many of the community members and they know her. It also helped with her introduction into Dr. Wentzel's clinic because the pair has been working together at the Health Centre for the last 22 years, so upon her introduction as Nurse Practitioner they simply had to organize who goes where when, coming up with the current system. Veronelly is also planning to provide more chronic disease programs for the community into the near future.

Public Health Services

In 2013-2014 the Public Health Nurses (PHNs) provided extensive Maternal and Child Health services and clinics throughout the region:

- They offered 525 Child Health clinics.
- There were 3,411 appointments (scheduled 45 minutes for infants and children), to address a full range of assessments including nutrition and the feeding relationship, physical assessment and growth monitoring, developmental assessment and screening, speech and language, immunization and screening for oral health and Maternal Mental Health.
- There were 1,494 fifteen (15) minute appointments to specifically address immunization requirements only.
- The regional PHNs also received 488 postnatal referrals this year (down 20 from 508 in 2012-2013), and made themselves available for 449 postnatal home visits, providing care and support for new mothers and families in their homes and an additional 389 contacts and home visits specifically aimed at supporting breastfeeding mothers and babies

With Client Centered Care as their priority, PHNs made 192 referrals to other Health Care Professionals to support clients to access specialized services as they identify, helping to ensure better health outcomes for the client and their family.

Public Health Nurses, in partnership with SGI, also coordinated and facilitated 49 Car Seat Clinics in fourteen communities around the region. A total of 198 car seats were inspected including 100 rear-facing, 78 forward-facing, and 20 booster seats. This is a huge effort focused directly on education and injury prevention.

Immunization

Public Health Nurses are the key providers of the Annual Influenza program and they partner with facility immunization RNs, Nurse Practitioners (NPs), and physicians to address the needs of Heartland residents during the Influenza Season. Public Health Nurses provide a variety of community based Influenza clinics in multiple locations in **29** different towns and villages throughout the region.

The total Influenza vaccinations given for the 2013/2014 season were:

- **1,516** doses of influenza vaccine to children age 6 months to less than 9 years of age
- **5,531** doses of influenza vaccine to residents under 9-64 years of age;
- **4,634** doses to Heartland residents 65 years of age and older;
- **1,250** doses to Health Care Workers or 76% of eligible employees received their annual influenza vaccine.

This was the fourth year the Province of Saskatchewan supported a Universal Influenza Program, so there were no sales of flu vaccine as all doses were publicly funded.

In the 2013-2014 fiscal year, PHNs continued to implement a variety of school based immunization programs. As a collective group, they gave 2,769 school immunizations based on current provincially funded programs.

Not including annual influenza programming for Heartland Health Region employees, the PHNs did address 577 staff health consults and gave another 397 immunizations to employees (down from 615 doses given last year).

Travel health and vaccine sales clinics (activity for 2013-2014)

- 2013-2014 was the fifth year of expansion of the travel health and vaccine sales services.
- There were a total of 171 travel/sales clinics this past year, up from 167 in the previous year.
- In those clinics, the travel PHNs saw 739 clients for consults and 609 clients for 15 minute appointments.

Communicable Disease

The Communicable Disease program coordinated the investigations of 161 reportable communicable disease cases this past year. Public Health Inspectors and Public Health Nurses work together to provide follow up education to the clients, to work with regional physicians in

diagnosis and confirmations, and to support communities when required. There were 118 Sexually Transmitted Infection cases and contact investigations that occurred in 2013-2014, coordinated through regional Communicable Disease programming.

Outbreak Management

In 2013 (January to December) there were nine (9) outbreak investigations in Heartland's facilities and one (1) outbreak in the community that included:

- 6 gastrointestinal outbreaks (all of which were laboratory confirmed Norovirus).
- 4 respiratory outbreaks (two of which remained unidentified, one identified as H. Influenza, and one community outbreak that was lab confirmed Influenza A).

Saskatchewan Dental Health Screening Program

The Saskatchewan Provincial Health Council approved dental health screenings to continue to be offered to all students in grades one and seven every five (5) years. The previous dental screening was done in 2008-2009 and results from that screening have been used to make informed decisions related to oral health standards of practice within the province and health regions.

In September 2013, dental screenings were offered to all grades 1 and 7 students. The data collected will help to:

- monitor trends;
- identify students with unmet dental needs;
- track schools that are at high risk for tooth decay;
- monitor the effectiveness of the preventive oral health programs in place; and
- provide needs-based data for the health regions and the Saskatchewan Ministry of Health.

The Senior Dental Health Educator offered dental screenings to all grades 1 and 7 students in the months of September 2013– March 2014. In total 429 students received dental screenings.

Fluoride Varnish Preschool Program

The Heartland Health Region continues to offer the Fluoride Varnish Program, which is a part of the Saskatchewan surgical initiative that was implemented in the fall of 2011. Statistics indicate that many children in Saskatchewan have experienced tooth decay or have had dental treatment done by the time they enter school. The goal of this program is to reduce and prevent tooth decay in younger children, resulting in better overall health, fewer costs to parents and the health care system and reducing the number of young children having general anaesthetic administered. This should free up operating room time for other surgical procedures.

Clinics are held in Biggar, Davidson and area, Lucky Lake and area, Kerrobert and area, Kindersley and area, Macklin, Outlook, Rosetown, Unity and Wilkie. There were 407 preschoolers screened and 407 fluoride varnishes applied.

Dental Sealant and Fluoride Varnish School Program

Heartland Health Region continues to offer the Dental Sealant and Fluoride Varnish Program, which is a part of the surgical initiative that was implemented in the fall of 2011. All students in grade one who attend schools where tooth decay rates are higher are eligible to participate in the sealant and varnish program. In the fall of 2012, the Dental Sealant and Fluoride Varnish Program was also offered to all grade seven students who attend schools where tooth decay rates are higher.

These enhanced services are provided by all health regions each year for grades 1 and 7 students in high risk schools, as well as follow-ups on grade 2 students.

The goal of the program is to reduce and stop tooth decay by providing the following services:

- Dental health assessments
- Referral and follow-up
- Fluoride varnish applications
- Dental sealant applications

Population Health Promotion and Public Health Nutrition

The Population Health Promotion and Nutrition programs work together to effect change that improves health in the population. This is primarily done through the lens of the social determinants of health in partnership with community stakeholders and a variety of health disciplines in the health region. This ensures communities are active participants in determining the supports needed to make healthy choice the easy choice. This is an interdisciplinary team-based approach that includes partners such as community residents, Sun West School Division, Living Sky School Division, Great Plains College, West Central Early Childhood Intervention Program, Municipalities, Rosetown and District Museum, Wheatland Regional Library, Rivers West and Prairie Central Districts for Sport Culture and Recreation, Saskatchewan Parks and Recreation Association, Heart and Stroke Foundation, Pharmasave and Rosetown and Kindersley Food Banks.

The social determinants of health are life factors that affect one's ability to make healthy choices. Some factors are broader than personal choice and include health services, social support networks, education and literacy, social and physical environments, personal health practices and coping skills, healthy child development, and employee working conditions.

Family Support Centres in Unity, Biggar, Kindersley and Rosetown have created and sustained services geared towards their communities' needs. Regional Literacy Projects include Books for Life (early literacy promotion geared to newborns and their families), training opportunities and development of resources for imaginative play and preparing your child mentally, socially and academically to enter school.

Biggar and Rosetown Youth Centres provide a safe, fun environment for youth that promotes healthy lifestyle choices and relationship building with positive community mentors. Seedling Adventures Community Garden has had three successful years and is growing community support. The initiative helps with access to healthy food and social connections while learning new skills and being active.

Tobacco Reduction support and resources are provided to those wanting to quit tobacco usage and to prevent others from starting. Policy development and information sharing on best practices were also worked on.

Better Care

Quality Services

For the most part the Quality Services portfolio consists of several key areas, which generally fall into two categories – risk management and process improvements.

Risk Management

In 2013–2014 Quality Services received and responded to 70 concerns from clients and family members. Some of these concerns are relatively routine and can be satisfactorily handled with limited follow-up. The majority of concerns, however involve significant follow-up, contacting the staff and management team associated with the team and carrying out some informal investigative work. Occasionally, a call received through our "Concerns" intake involves Quality Services staff acting as an advocate on behalf of the client and family, as well as serving as a navigator through a complex health care system.

Quality Services investigation and handling of critical incidents is another area of work important to the organization's risk management. A critical incident is defined in the *Saskatchewan Critical Incident Reporting Guideline,* 2004 as *"a serious adverse health event including, but not limited to the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by a regional health authority (RHA) or health care organization (HCO)."* In 2013 – 2014 Quality Services responded to 6 events deemed to be a critical incident. These events were reported to the Ministry of Health and required extensive follow-up, including a detailed investigation, a thorough root cause analysis, as well as the development and implementation of the corrective actions to prevent a repeat of the harmful incident.

2013–2014 also proved to be a busy year for Quality Services work related to privacy and protection of information. Two privacy breaches related to the RIS PACS system, an electronic imaging software for Diagnostic Imaging, occurred during the year. One of these incidents had a significant scope in that it required notification of approximately 900 clients by letter, of which close to 130 of these clients phoned the Quality Services office for further information about the nature and potential risk arising from this breach.

Improvement Initiatives

In the summer of 2013, Heartland Health Region (HHR) hosted an organization-wide review by seven surveyors from Accreditation Canada. This site visit was part of the regular site visit Accreditation Canada does every three years for most, if not all Health Regions in Canada. The seven surveyors spent a week in our Region, visiting numerous sites and programs, and interviewing staff and clients.

The Accreditation visit went well, proving to be a good opportunity for our teams to receive validation and reinforcement from clinicians well-versed in their respective field, from outside of our organization. Just as importantly the surveyors also provided valuable input on areas for improvement. It was a positive learning experience, and the region was granted accreditation status, this time for four years, as Accreditation Canada is now on a longer cycle for all Health Regions. HHR's management team and frontline staff deserve all the credit for the results of the Accreditation visit, but it would also be an oversight not to recognize the important support role Quality Services plays in supporting some of the improvement work happening across the Region.

While the Accreditation visit went well, there is a requirement to submit two status reports as part of the follow-up on the recommendations for improvement identified by the Surveyors. The first status report, which focused on standards related to medication management and rehabilitation services was submitted November, 2013. The second status report is due this coming November, 2014 and is mostly focused on: medication management, continuous evaluation and improvement of regional programs such as falls reduction and pressure ulcer prevention, and our overall risk management practices.

Besides the improvement work associated with Accreditation Canada standards, Quality Services also supported a number of other improvement projects throughout 2013 – 2014. The following is a sample of some of these bigger, higher profile improvement projects:

- The reduction of quality defects in the meal preparation for Long Term Care (LTC) services at the Outlook Integrated Health Centre. This included reducing holding times, better control of portion sizes, and moving the Cooks closer to their clients, by changing the work flow to allow them to plate the meals in LTC.
- The shortening of wait-time for clients requesting placement in a LTC facility. By increasing the frequency of meetings for the Placement Committee, the wait-time for clients seeking LTC services has been cut in half. Further improvements related to HHR's LTC placement process are expected during 2014 – 2015.
- The reduction of inventory, easier to find supplies, and a better supply replenishment process at Biggar Union Hospital. This work led to an approximate $13,000 credit when excess supplies were returned and better use of staff time, as nursing staff was able to reduce the amount of time and work put into non-clinical materials management type activities.

Considering all the risk management and improvement activities completed throughout the year, 2013 – 2014 was a productive, successful year for Quality Services.

Lean Transformation

Through the Ministry of Health's contract with consultant John Black and Associates (JBA), Lean practices are being embedded province-wide. Health care providers, physicians, leaders and staff continue to participate in training sessions and focused quality improvement projects. The goal for the province is to have 900 people trained in Lean.

Lean is a patient-focused approach to managing and delivering care that continuously improves how we work. There are many processes involved in health care. Lean is about finding and eliminating waste in these processes. Waste is defined as anything that does not add value from the patient's perspective.

Lean makes health care better in several ways:

- It increases safety, by eliminating defects and errors
- Patients are more satisfied with their care

- The staff doing the work are the ones who look for waste and find better ways to deliver care
- It reduces cost, by getting rid of waste
- Patients have better health outcomes

Heartland's goal is to have up to 25 staff certified in Lean, identified by the following groups: CEO, Vice Presidents, Directors, Quality Service staff (also known as Kaizen Promotion Office) and Managers responsible for Materials Management. As of the end of March 2014, eighteen staff are involved in the lean training and one physician is completing the Physician track. These staff are at various stages in their lean journey and 4 more will be starting the training in 2014-15. Much of this training is delivered outside of Heartland Health Region but the opportunities in learning and networking with other provincial staff is very beneficial.

Front line staff have the opportunity to learn about lean processes by attending a one day Kaizen Basics workshop and participating in various lean initiatives happening around the region.

Gentle Persuasion

Gentle Persuasive Approaches to Dementia Care, otherwise known as GPA, is an innovative education curriculum that is being offered in the region. Many front-line staff in long term care have little or no best practice training in the management of challenging behavior associated with dementia. Staff consistently report feeling vulnerable and at risk of injury if they have not been trained in respectful, non-violent, self-protective techniques.

Gentle Persuasion addresses these needs and is targeted to all levels and departments of staff in the long term care facility. Involvement in Gentle Persuasion provides long term care staff with invaluable education and the opportunity to develop skills to manage those responsive behaviours staff experience as highly catastrophic in an effective manner. The overall goal of the Gentle Persuasion approach is to educate staff on how to use a person-oriented, compassionate and gentle persuasive approach, respond respectfully and with confidence and skill to challenging behaviours associated with dementia.

As part of the onetime Urgent Issues Action Fund (Long Term Care funding) with focus on the resident, the region proposed the move to educating all staff working with long term care residents in GPA. Training began in January 2014 and to date Kyle, Kerrobert, Kindersley, Rosetown and Biggar have completed or are in the process of completing their training. The project includes eight (8) hours of training per staff member. The project also includes support on the floor from trainers to help implement the concepts into daily practice as well as to address residents who need it most. Initial training is anticipated to be complete by March of 2015 and all new hires will undergo training as we move forward in order to help sustain the culture shift.

Volunteers

Heartland Health Region employs seven Volunteer Service Coordinators who manage the volunteer services in all areas of Heartland. The coordinators in these areas are responsible for recruiting, coordinating and recognizing the many volunteer tasks that are completed by any of the 200 plus volunteers registered in our health region. Volunteers continue to play a vital role in the provision of services to residents of Heartland Health Region.

Patient and Family Centred Care

Patient and family centered care is the principle aim of the Saskatchewan health care system and questions related to this factor reflected this aim and desired culture. Placing a premium on quality care is important as health care employees want to work for respected health care employers with a genuine commitment to patient and family centered care. Health care organizations need to take action to enable a focus on quality and service and engage employees in strategies to enhance patient service and satisfaction. The culture of the organization needs to be more sensitive to specific patient needs in order to support patient and family centered care. Heartland staff has voiced that patient and family feedback programs need to be improved to identify processes and methods that hinder quality care.

Heartland Health Region's progress around Patient and Family Centred Care involves community/family members participating on some committees and projects as they arise. Primary Care is an area that has been identified within our region for some targeted involvement. Our organization and those of us who work within it also need to be willing to redesign our work and processes to address the needs of patients.

Mental Health and Addictions

In an effort to address wait times for both Mental Health and Addictions services, the Regional Directors of Mental Health and Addictions in the province participated in a Kaizen that identified a process for evaluating wait time metrics. The Health Regions are participating in a Wait Time Metrics program where wait times are measured from when clients are admitted into the system through Centralized Intake to the first appointment that they chose to accept. The Centralized Intake Worker is entering the data and reporting results on a quarterly basis. The second year of the program has been completed and Heartland Health Region has some of the lowest wait times in the province.

One of the goals established by the Regional Directors of Mental Health and Addictions at the provincial level was for each Region to have a Suicide Protocol in place by March 31, 2014. Heartland reached the goal by utilizing provincial templates that were then adapted to the rural nature of the Region.

Community Mental Health

The Community Mental Health Nurses (CMHN) have been working on instituting best practice policies and procedures. Policies relating to Anaphylaxis and Depot Injections are now in place. As part of increased accessibility to/by clients, the Psychiatric Nurses have been issued cell phones so that clients who only have cell phones can text the nurses and the nurses have a means of communication in the event of an uncomfortable encounter.

Heartland now has an Approved Home for Mental Health clients located at Conquest. The Home that was licensed in December is rated for three clients. One client is currently residing in the Home. Operation of the Home is regularly monitored for client care and safety by the CMHNs.

Addictions

The Ministry of Health requested that Regions submit a list of the innovative practices that their staff has developed to serve their clients. The submissions were then used to structure a number of webinars to highlight these practices to other regions. The Clinical Supervisor of Addictions

presented the power point presentation that the addictions team had developed. The presentation is being shown on the TV monitors in physician clinic waiting rooms in Heartland. A number of other regions were interested in the presentation.

Youth Outreach

Through the work of community volunteers and the Youth Outreach Worker, two communities, Biggar and Rosetown, have youth drop in centres. The Rosetown Family Support Centre in Rosetown has been fund raising to purchase their own building. Counselors in Biggar delivered a child and youth parents group to assist parents with issues that revolve around teenagers.

Popular programs run by the Youth Outreach and Population Health Teams were again organized. The PARTY (Preventing Alcohol Related Trauma in Youth) Program was presented throughout the Region with the cooperation of schools, EMS, Fire, Police and Funeral Homes. In Kindersley, the PARTY program was held in conjunction with an Emergency Planning Exercise for the Kindersley Hospital. The TTYL (Talking to Youth Live) program was presented in Kenaston and Elrose schools and included Kyle, Dinsmore, Beechy, Loreburn and Lucky Lake schools. The topics were related to substance abuse and presented in a series of games and fun activities.

KDAWN (Kindersley Drug and Alcohol Awareness Wellness Network) has been very active investigating the possibility of transition housing coming to Kindersley.

Child and Youth

The Heartland Child and Youth Team were asked to pilot an evaluation tool developed by the University of Saskatchewan. The First Steps First: A Community-Based Workbook for Evaluating Substance Abuse and Mental Health Programs in Saskatchewan provides a tool to measure what a program is accomplishing. The team reviewed the workbook and provided feedback to the originators assisting in bringing the tool to practitioners.

The staff also implemented the Friends Program for children to reduce anxiety and build self-esteem.

Adult Counseling

The largest number of referrals for services is experienced by the Adult Counseling services. Depression and anxiety are the two most common mental health issues that clients present with. To deal with the increased workload and reduce wait times, the counselors have instituted clinic days where clients attend an appointment and are triaged for services. The counselors have found that using groups such as Anxiety and Depression, Depression Management, Live Well and GPS for the Self are very effective in providing treatment and networking opportunities for clients.

Autism

Since its inception, the Autism Program has grown considerably. The program has over 140 children and youth on its client list. The Autism Consultant and two Autism Support Workers provide services throughout the Region. For the specialized services required by clients, the region purchases contract services not available in the region including occupational therapy, speech language pathology and child psychology. Autistic clients are able to access those services within

their home communities as opposed to travelling outside the region. A Central Services Team also funded through the Pilot Project provides specialized assessment services for clients through the Alvin Buckwold Centre in Saskatoon.

A Pediatric Occupational Therapist has recently been hired who will be a decided benefit to the program for children from 0 to 5 years. The Region is pleased to offer this service so families with small children so they do not have to travel so far to access services.

Physical and Occupational Therapies

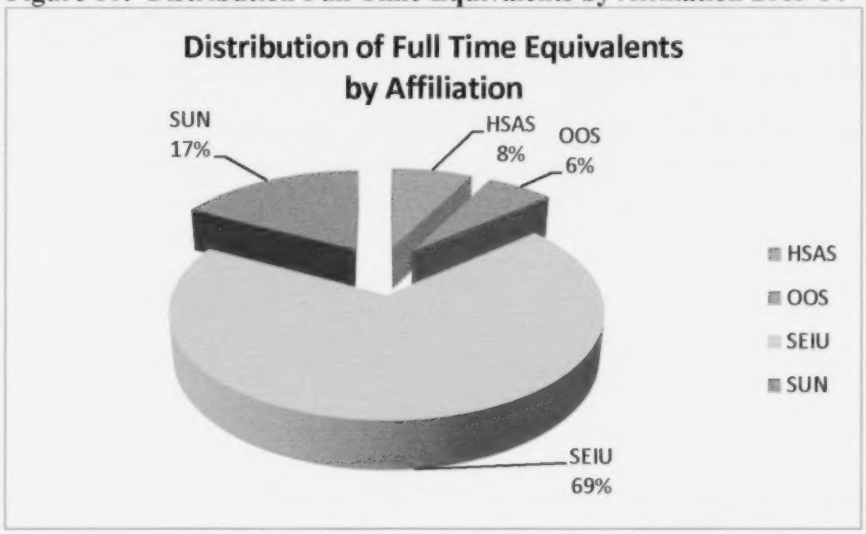
Funding for increased staff in the past two years has been coming through the Saskatchewan Wait List Initiative Project. Through the Project, the region has been able to reach its goal of having a physiotherapist, an occupational therapist and community therapy aide support in each of the four larger communities in the region. Unity was the last community to have a full complement of staff, although the physiotherapist headquartered there was not an employee of Heartland, but under contract from Prairie North Health Region.

The Ministry of Health was provided with funding through a donation to start a lymphedema program in the Province. Each region was given at least one set of lymphedema equipment, and through pressuring, Heartland received two sets because of the geographic size of the region. For the past year, one of the physiotherapists has been taking training to be able to use the lymphedema equipment and is ready to start seeing clients. This equipment is of particular importance in the treatment of patients who have had their lymph nodes removed due to breast cancer surgery.

Better Teams

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,816 people in positions equaling 1,091.79 Full-Time Equivalents (FTEs) in 2013-2014 (Figure 16). The majority of employees (753.22 FTEs) belonged to the Service Employees International Union (SEIU), while 188.23 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 82.65 FTEs and 67.69 FTEs, respectively. The region was home to 27 physicians on March 31, 2014.

Figure 16: Distribution Full Time Equivalents by Affiliation 2013-14



The Heartland Health Region is very fortunate to have a stable and loyal workforce that is committed to providing quality healthcare services to residents within the Region.

Employee Engagement

Employees are vital to the success of this organization and the larger provincial healthcare system as well. That's why each Regional Health Authority, the Saskatchewan Cancer Agency, and 3sHealth conducted a confidential province-wide survey of healthcare sector employees from February 6 to 28, 2014 to determine their level of workplace engagement. Engagement is more than just job satisfaction at work; it's a feeling that people develop over time when they are enabled and empowered to do their very best.

Employee opinions about what is and isn't working well at work are important to us. Listening to what employees have to say about the current work environment – both good and bad – is an essential part of continuous improvement. Employees were asked to evaluate things like resource availability, work/life balance, managerial effectiveness, workplace policies, learning and career development opportunities, the degree to which they feel motivated and appreciated at work, and so much more. By learning as much as we can about where we are today as an Employer, we will be in a better position to start the process of looking at where we might be able to go in the future.

The Region will receive the results from this survey later in 2014. The feedback from our employees will be used to assess strengths and weaknesses from a system-wide as well as local/regional level so that initiatives aimed at improving engagement over the longer term can be developed, implemented and later assessed to improve staff engagement and ultimately the quality of our health care services.

The last time we surveyed healthcare employees was back in 2011. Feedback from that survey led to the development and implementation of initiatives that have improved our work environment. Employee opinion counts and really does help influence the direction of future workplace improvements.

Recruitment Bursaries and Professional Growth

Heartland offers a Student Bursary program. The purpose is to recruit and retain needed health care professionals to meet the needs of the people within the region. The Heartland Health Region Bursary is offered to students in a variety of health disciplines such as those studying to become Registered Nurses, Registered Psychiatric Nurses, Primary Care Nurse Practitioners, Physical and Occupational Therapists, Licensed Practical Nurses (LPN) and Emergency Medical Services (EMS) personnel. In return for this assistance, a bursary recipient must commit to work within the Region. These bursaries are available to members of the public and to existing Heartland employees who are advancing their health care education.

In 2013-2014, Heartland offered sixteen (16) student bursaries and fourteen (14) students have signed a return for service agreement. Those fourteen (14) students consist of three Registered Nursing students, two Licensed Practical Nurses, one Occupational Therapist, and eight EMS students.

Heartland, in partnership with the Ministry of Health, also supported two LPNs from Kindersley to take the perioperative nursing/LPN program through SIAST.

Representative Workforce

The region is committed to creating a workforce that is representative of the communities it serves and has an established Aboriginal Employment Development Program. The purpose is to promote healthcare careers to aboriginal population and then to manage a workplace that originates from a variety of ethic cultures. The Heartland Regional Health Authority signed an Aboriginal Representative Workforce Agreement in 2005. A Representative Workforce is where Aboriginal people are employed in all classifications at all levels in proportion to their representation in the working age population. Aboriginal Awareness Training is provided to all staff. As a means to monitor our progress in creating a diverse Representative Workforce, staff is surveyed to self-identify aboriginal ancestry. Self-identification surveys are provided to all new employees at regional orientation and all staff has online access to the self-identification feature of myINFO within Gateway Online.

Table 5: Aboriginals Living in Heartland Health Region

Aboriginals living in HHR	
# of working age Aboriginals living in HRHA (15-75)	675
Total population living in HRHA	40,960
% of working age Aboriginals living in HRHA	1.6%

Statistics (Source: Statistics Canada 2006)

To adhere to our definition of representative workforce, our target for aboriginal representation is 1.6%. This portion of our total employees for the beginning of the fiscal year was 30. The number of self-identified aboriginals working in Heartland Health Region as of March 31, 2014 is 32 (1.76%). We have reached our target for the 2013-2014 fiscal year.

Attendance Management

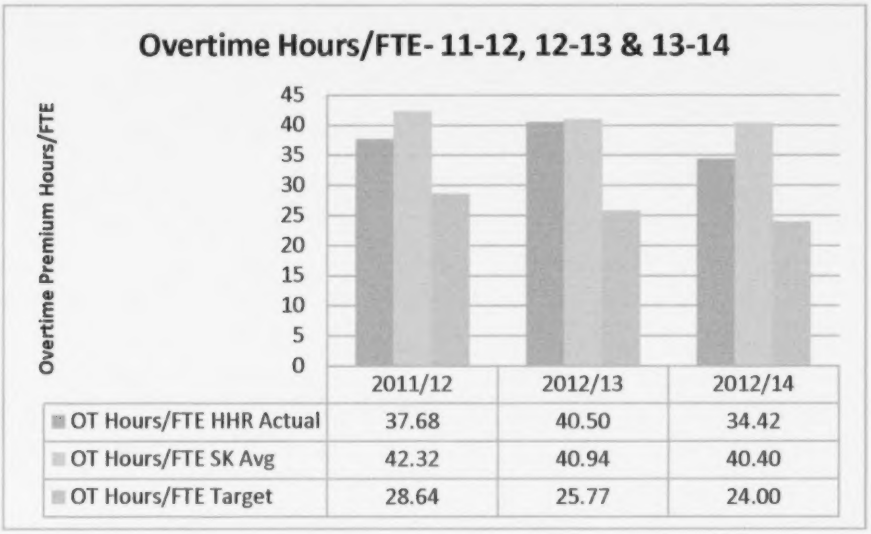
Overtime

Health Care Employers have been challenged by the Ministry of Health to reduce overtime hours and cost within the health care system. Excessive overtime is an expensive way to operate a business and is not an efficient or value-added use of public funds. Our organization, managers and staff have made more concerted efforts to address and minimize overtime. Thanks to these efforts in 2013-14 overtime hours and costs decreased to the lowest levels we have seen in the past six years. Achieving financial health is important for everyone in the Heartland Health Region – employees, managers, leaders, and the people we serve.

Heartland did not meet our Ministry of Health target for overtime reductions for 2013-2014. Our overtime target was 24 hours/FTE (full time equivalent) and actual was 34.42 hours/FTE (37,583.65 hours). The good news is this is a decrease of 6.10 hours/FTE (7,217.08 hours or 16%) overall from 2012-2013 when we were at 40.52 hours/FTE (44,800.73 hours). The Saskatchewan average was 40.40 hours/FTE in 2013-2014.

EMS and Diagnostic services have some unavoidable overtime (callbacks) as this represents normal method of provision of emergency/urgent care. Around 30.4% of the region's overtime premium hours are due to callbacks.

Figure 17: Overtime Hours/FTE



Heartland's overtime hours have been consistently below the Saskatchewan average; this is the first year in three years that our overtime has declined and our margin below the Saskatchewan average is increasing!

The region spent **$222,441** less on overtime premium expenses in 2013-2014 than in 2012-2013. Significant factors in the reduction of overtime are use of Registered Nurse (RN) Relief Positions, adherence to Staffing Guidelines for Call-In and Staff Replacement and the implementation of Vacation Guidelines that establish the maximum number of employees who can receive vacation approval at one time.

Overtime hours for 2012-2013 and 2013-2014 by union affiliation and including OOS and total overtime hours are identified in the table below:

Table 6: Overtime Hours for 2012-2014 by Union Affiliation

Affiliation	2012-13 OT Hours	Hours/FTE Target=25.77	% of Regional	2013-14 OT Hours	Hours/FTE Target=24.0	% of Regional
SUN	10,260.17	54.64	22.9%	7,016.81	37.28	30.8%
SEIU	29,097.59	37.94	64.9%	24,761.18	32.88	57.2%
HSAS	5,387.61	65.74	12.0%	5,729.85	69.33	11.7%
OOS	55.36	0.80	0.1%	75.81	1.12	0.3%
Totals	**44,800.73**	**40.50**	100.0%	**37,583.65**	**34.42**	100.0%
SK Avg.		**40.94**			**40.40**	

2013-2014 overtime costs are identified in the following table; along with the percentage of overall HHR overtime hours and costs for each department or service:

Table 7: 2013-2014 Overtime Costs by Department or Service

Department/ Service	Overtime Hours/FTE Target = 24.0	Annual Overtime Hours	Annual Overtime Costs (Premium $s, not Base)
RN	37.28	7,016.81 (18.7%)	$301,024.73 (30.8%)
CCA	35.38	10,605.06 (28.2%)	$209,397.32 (21.4%)
Lab/X-Ray	169.49	7,156.20 (19.0%)	$187,943.01 (19.2%)
LPN	44.01	3,451.29 (9.2%)	$101,588.47 (10.4%)
EMS	176.03	5,995.33 (16.0%)	$111,261.70 (11.4%)
Dietary	20.78	2,001.58 (5.3%)	$35,907.11 (3.7%)
Allother depts./services	n/a	1,357.38 (3.6%)	$31,083.28 (3.2%)
Regional Totals	**34.42**	**37,583.65**	**$978,205.62**

The SEIU overtime hours are 57.2% of the total regional overtime hours and **overtime hours decreased by 14.9% in 2013-2014** over 2012-2013 overtime hours. The Continuing Care Aide (CCA) classification is responsible for 28.2% of all regional overtime hours. Lab/X-Ray departments are responsible for 19.0% of all overtime hours and the Licensed Practical Nurse (LPN) classification is responsible for 9.2%.

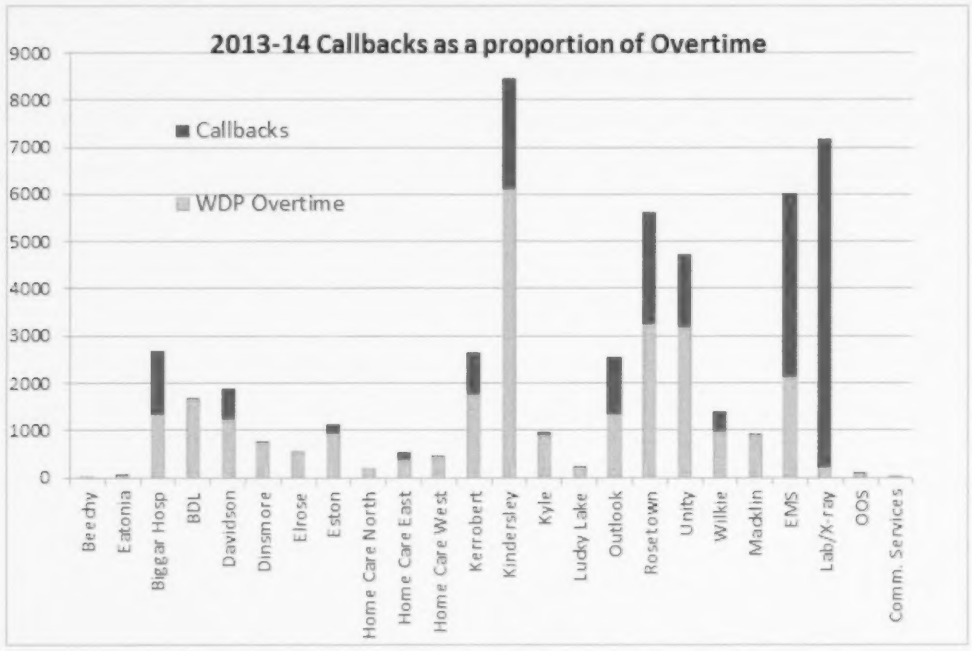
Overtime restrictions remain in place for overtime that is not related to employees being involved in direct client care activities or necessary clinical services will be restricted. These restrictions apply to Activities, Clerical, Health Records, Housekeeping, Laundry, Maintenance and Community-Based services. Overtime in these departments is collectively responsible for 3.6% of all overtime hours.

The SUN overtime hours are 30.8% of total regional overtime hours and **overtime hours decreased by 31.6% in 13-14** over 12-13 overtime hours. In 2013-14 overtime experienced in acute care sites was responsible for 67% of SUN overtime hours. Overtime hours within LTC sites and health centres was responsible for 29% of SUN overtime hours. Surgical programs were responsible for 1.2% of SUN overtime, which is down from 4% in 12-13 and 11% in 11-12.

The HSAS overtime hours are 11.7% of the total regional overtime hours and **there was an increase in overtime hours by 6.4% in 13-14** over 12-13 overtime hours. Within HSAS 93.4% of the overtime hours are related to EMS.

Heartland has also been monitoring callbacks as a proportion of our overtime hours. 30.4% of all overtime is related to callbacks (time definers of CZ, CY, CX). The Region is monitoring callbacks within lab/x-ray and maintenance departments to determine if callback guidelines have had an impact on reducing the number of callbacks. Lab and x-ray callbacks have increased in 2013-14, maintenance callbacks have decreased.

Figure 18: Callbacks as a Proportion of Overtime



The target for Heartland's overtime for 2014-15 is 24.0 overtime hours per FTE.

Sick Time

Heartland did not meet our Ministry of Health target for sick time reductions for 2013-2014. Our sick time target was 68.50 hours/FTE and actual was 77.86 hours/FTE. The good news is this is a decrease in sick time hours/FTE from 2012-13 when hours/FTE were 81.48. HHR has spent $133,137.28 less on sick time expenses in 2013-2014 than 2012-13. We continue to move in the right direction.

Figure 19: Sick Time Hours

	2011/12	2012/13	2013/14
Sick Time Hours/FTE HHR Actual	81.62	81.48	77.86
Sick Time Hours/FTE SK Avg	81.23	80.31	78.90
Sick Time Hours/FTE Target	77.55	73.03	68.50

The Saskatchewan average was 78.90 hours/FTE in 2013-2014.

Table 8: Sick Time 2012-2014 by Union Affiliation

Affiliation	2012-13 Sick Leave Hours Paid	Sick Leave Hours Paid & Unpaid	Hours/FTE Target= 73.03	2013-14 Sick Leave Hours (Paid)	Sick Leave Hours (Paid and Unpaid)	Hours/FTE Target= 68.50
SUN	14,865.37	15,782.76	77.13	13,129.54	13,533.23	68.20
SEIU	69,631.65	80,499.69	88.49	65,518.31	84,847.94	84.97
HSAS	5,172.86	5,318.35	60.42	5,863.07	5,995.59	69.93
OOS	2,909.83	2,921.39	40.82	2,468.60	2,499.10	35.29
TOTALS	**92,579.71**	**104,522.19**	**81.48**	**86,979.52**	**106,875.86**	**77.86**
SK Av			**80.31**			**78.90**

The SEIU sick time hours are 79.4% of the total regional sick time hours and **sick time hours increased by 5.4% in 13-14** over 12-13 sick time hours. The Continuing Care Assistant (CCA) classification is responsible for 46% of SEIU sick time hours and 36% of all regional sick time hours. The Licensed Practical Nurse (LPN) department is responsible for 10% of SEIU sick time hours. Dietary departments are responsible for 12% of SEIU sick time hours and Environmental Services departments are responsible for 9% of SEIU sick time hours.

The SUN sick time hours are 12.7% of total regional sick time hours and **sick time hours decreased by 14.3% in 2013-2014** over 2012-2013 sick time hours.

The HSAS sick time hours are 5.6% of the total regional sick time hours and **there was an increase in sick time hours by 12.7% in 2013-2014** over 12-13 sick time hours.

The OOS sick time hours are 2.3% of total regional sick time hours and **sick time hours decreased by 14.5% in 13-14** over 2012-2013 sick time hours.

The target for Heartland's sick time for 2014-2015 is 66.25 sick leave hours per FTE.

Employee Wellness

The Heartland Health Region strives to promote a healthy, safe and productive work environment. All employees are valuable and necessary components of the team of health care providers and have a responsibility to maintain their own health and well-being and to ensure their regular attendance at work.

The Heartland Health Region places a high value on attendance and punctuality. The Region has an Attendance Support Plan that has largely been responsible for reductions in sick leave and is a proactive system that maximizes employee's abilities to attend work. It supports a positive commitment on the part of the employee to attend work regularly and a commitment on the part of the Employer to assist employees in doing so. The plan involves early return to work when an employee experiences an illness or injury and an Employer commitment to modified duties that respect the employee's abilities and medical restrictions as we believe an experienced and trained health care provider is valuable even though they may be working in a modified capacity.

The Employee Wellness Committee (EWC) is also instrumental in addressing and improving employee health. The EWC is accountable for researching, planning, developing, evaluating and recommending programs for the enhancement of personal and workplace health and wellness among Heartland Health Region employees. The Employee Wellness Committee is a committee composed of various Heartland Health Region Employees. The committee is under the direction of the Vice-President of Human Resources, the senior leadership (sponsor) from within Heartland Health Region.

The EWC conducted an Employee Health Interest survey to assess the current level of individual and organizational health and to determine staff preferences, attitude and need for health promotion. That survey is now how the EWC determines what initiatives/programs will be run through-out the year. In 2013-2014, the EWC focused on one healthy initiative per quarter. These initiatives were focused on the four main categories of wellness that the EWC follows: 1) Physical Activity, 2) Work-Life Balance, 3) Mental Health, and 4) Nutrition. The EWC also expanded its presence within the region by helping to organize and/or attend Employee Appreciation Events held in June throughout the Region. It is the EWC's goal through these initiatives and attendance at Employee Appreciation Events to foster a greater sense of team work and collaboration within the region while promoting healthy lifestyles in a healthy workplace setting.

The EWC is also the driving force to ensure that staff is aware of and able to access Heartland Health Region's Employee and Family Assistance Program (EFAP). In collaboration with the (EFAP) provider, Homewood Human Solutions, the EWC is reaching out to each work-site to identify what specific needs are arising. When an area is identified that is in need of further education, Homewood Human Solutions and the EWC will work together to provide education sessions to employees that meet their needs. The partnership that is fostered between the EWC and Homewood Human Solutions will help to promote healthy living for all employees.

Physician Resources

Throughout the past year Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Physician shortages continue to be a challenge for some communities. Through coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program, the majority of the vacancies have been filled throughout the region.

Physician practices continue to remain private and regional recruitment strategies are largely locally based. The region continues to dedicate resources to support community initiatives, welcome and settle new recruits, and assist applicants through the administrative requirements for immigration and licensure. SaskDocs has continued to identify priority practices to which it will provide support for recruitment of new physicians. The region is working with SaskDocs and community recruitment groups to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices. The region is continually working with communities and physicians to develop contingency plans for recruitment and retention.

The region attended a two day Rural Physician Recruitment and Retention Visioning Session hosted by the Ministry of Health and the Physician Recruitment Agency of Saskatchewan in mid-November. The focus of the session was to discuss opportunities to improve the process of family physician recruitment (sourcing to practice) and thereby and improve outcomes. Rosetown, Outlook and Kindersley have welcomed new physicians to their communities in 2013-2014.

Figure 20: Dr. Amrish Ramiah

Dr. Amrish Ramiah started his practice in the brand new Rosetown and District Primary Care Centre in June 2013. Dr. Ramiah moved here from South Africa and he is originally from Mauritius which is in the Indian Ocean and close to Madagascar. Prior to coming to Rosetown he was in Melville completing his field assessment for the SIPPA program. Dr. Ramiah practiced medicine as a General Practitioner in South Africa. He has also spent some time working in the Emergency Medicine Department.

Figure 21: Dr. Nelini Reddy

Dr. Nelini Reddy arrived in Outlook in early October. She was previously in Nipawin and is from South Africa. She completed her SIPPA training in August 2012. Dr. Reddy has been practicing medicine since 2003 and she has a special interest in anesthetics and critical intensive care.

Figure 22: Dr. Adedayo Bakare

Dr. Bakare arrived in Kindersley in June. He comes from Nigeria with his family. He began practicing as a physician in 2006 as a general practitioner. His interests are in internal medicine and pediatrics.

Figure 23: Dr. Hatim Osman Kheir

Dr. Hatim Osman Kheir arrived in Kindersley in August. He comes from London, England with his wife and 3 children. Dr. Kheir is a general practitioner who has been practicing medicine for 10 years. He has an interest in emergency medicine. He and his family left a busy urban city lifestyle to see what rural life has to offer.

Figure 24: Dr. Bisyao Olabiyi

Dr. Olabiyi is the newest physician to join the Kindersley team. She completed her SIPPA training in Saskatoon in August. She has been a physician since 2004 and is a general practitioner. She has a special interest in Nephrology and Public Health. Her and her husband and family relocated from Brandon, Manitoba but are originally from Nigeria.

Figure 25: Dr. Karan Ralhan

Dr. Karan Ralhan started work in the Outlook Medical Clinic on January 13th. Dr. Ralhan is from India. He completed the SIPPA program in December 2013. He has been a physician since 2007. His interests are in Gastroenterology and Internal and Family Medicine.

The Heartland Health Region and the communities of Rosetown, Outlook and Kindersley welcome these new physicians to the area.

Kindersley Physician Group Growing

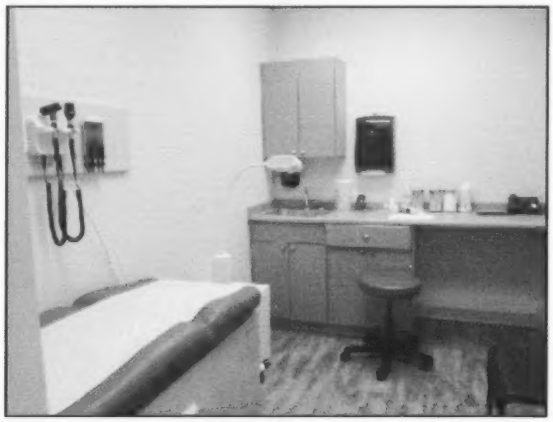
Residents of Kindersley and the surrounding area are able to get appointments to see a physician a lot easier than was the case a little while ago. The Kindersley Clinic now has five full time physicians working there. In the fall of 2012 the clinic was down to just two full time physicians. Now the clinic is home to Dr. Idalberto Jimenez, Dr. Lynda Keaveney, Dr. Sam Bakare, Dr. Hatim Kheir and Dr. Bisayo Olabiyi. The region continues to collaborate with the practice and continues to recruit to the community of Kindersley.

Figure 26: Kindersley Physician Group

Left to Right: Dr. Bakare, Dr. Kheir. Dr. Keaveney, Dr. Bisayo Olabiyi and Dr. Jimenez

New Rosetown and District Primary Care Centre Open for Business
The brand new Rosetown and District Primary Care Centre was officially open for business on June 17th. It is home to Drs Ramiah and Franklin.

Figure 27: Primary Care Clinic Rosetown



Better Value

2013-2014 Financial Summary

Heartland Health Region ended the 2013-2014 fiscal year with a $66,000 operating surplus after capital commitments including mortgage payments, and energy performance contract loan payment. In addition, the Region was able to transfer operating surplus of $824K for capital equipment. The surplus is up from the previous year surplus of $68,000 and capital equipment transfer of $306,000. The Region's Operating Working Capital decreased to .94 days from .99 in 2012-2013.

Revenues:

- Total operating revenue for the region was $102.8 Million. Overall, 88% of the operating fund revenue was provided by funding from the Ministry of Health.
- The region's revenues were $3.44 Million over budget or within 3.5%. A large part of this was from funding allocated for collective bargaining agreements, including SEIU.
- The region saw a slight decrease in empty beds overall (average of 11 per month). This is compared to an 11.5 average in 2012-2013. EMS revenues were down slightly and trips were down 37 from 2012-2013. Out of province/reciprocal revenues were significantly up over last year due to an increase in rates and visits.
- Ministry support for areas including Autism Spectrum Disorder, Oral Health Strategy, Primary Care redesign, Alternate Payment Physician and Locum Physician Funding.

Expenditures:

- Expenses were up 3.5% over 2012-2013 and over budget by 2.7% again due to the unbudgeted contract settlements for SEIU and OOS, new initiatives and sick/over time overages.
- About 41.7% of the operating budget was spent on Inpatient and resident services (Acute and LTC), 26.5% on support services (Housekeeping, maintenance, dietary etc.), 9.5% on Diagnostic and Therapeutic services, 1.9% on physician compensation and 20% on Community Services.
- Efficiency Targets: The region was given by the Ministry an Efficiency Target/Budget reduction of $1.4 million in the areas of:
    - Attendance Support
    - General Efficiencies

  For general efficiencies the Region worked through travel restrictions, vacancy management, revenue administration, utility efficiencies and general facility reviews. The region had general procurement savings through provincial contract with HealthPRO, in the areas of medical/surgical (sutures), drugs, pumps, and wound care.
- Other significant variances from Schedule 1, Schedule of Expense by Object Code:
    - Medical remuneration and Benefits- approved for 2.0 Locum relief
    - Rent/Lease/Purchase – three unbudgeted Long Term Care building projects new Voice over Internet Protocol (VOIP) phone systems install.
    - Repairs & Maintenance—General repairs and renovations up and significant EMS repairs
    - Travel- Recruitment and retention of physicians, Lean Certification training and fleet management changeover.

- The region provided funding to its affiliate, St. Joseph's in Macklin and to health care organizations, Bridgepoint Centre for Eating Disorders Inc. and Canadian Mental Health Association. Note 10b.

Debt:

The region currently has eight mortgages totaling $4.47 million that are guaranteed by the assets of the organization. In addition, the region has a loan for an Energy Performance Contract. For more information see Note 5 and 6.

Capital Update

As we come to the close of another fiscal year, we see a lot of transformations taking place in the three new capital projects in the region. It is a very exciting time in Heartland Health Region as we open one new facility in Rosetown and prepare to open two more later in 2014 in Biggar and Kerrobert.

Ft3 was the architectural company in charge of designing all three of the buildings. The design work has been a passion for their design team as they commit to improving care for our elders. They have been working with the communities and the Region since 2009, assisting in making these community initiatives and dreams into a reality.

The concepts behind the design of these three projects allow residents to be at 'home' with smaller households of residents and the typical amenities of home. Residents have access to outdoor gardens and spaces and each household has a unique identity. The movement away from institutional environments to residential living in Long Term Care is significant. These facilities will serve our communities very well for years to come.

Figure 28: Resident arrives at New Facility in Rosetown

The new Rosetown Long Term Care facility replaced the current Wheatbelt Lodge and the Rosetown Nursing Wing. It is attached to the Rosetown and District Health Centre. The new facility has 54 beds in five different neighborhoods. Each neighborhood has a unique home like feel with fireplaces, kitchenette islands, TV's and sitting areas for the residents. The residents moved into their new home in late March, 2014. Quorex Construction was the general contractor for this project. Construction has nearly been completed on the new LTC facility in Rosetown. Construction work on the exterior porches as well as final touches on the crawlspace and mechanical areas is still underway.

The new Biggar Long Term Care facility and hospital renovations are well underway. The new Long Term Care facility will have 54 beds in four different neighborhoods and will replace the Biggar Diamond Lodge. Each neighborhood will have a unique home like feel with fireplaces, kitchenette islands, TV's and sitting areas for the residents. When construction is completed the Long Term Care Home will be attached to the Biggar Health Centre. The construction also involved some renovations to the current Biggar Health Centre including the replacement of the current kitchen.

Figure 29: Exterior Courtyard New Biggar Long Term Care Facility

Construction on the new Biggar Long Term Care facility started in October 2012. The new facility will replace the Biggar Diamond Lodge nursing home which was built in 1966. The 54-bed facility will be connected to the Biggar Hospital. Construction was about 91% complete at the end of March 2014. Painting, millwork installation, flooring installation and final mechanical/electrical were ongoing. Renovations in the hospital area have moved into Phase two. Move in is expected to happen in the fall of 2014.

Figure 30: New Kerrobert Integrated Health Facility

Kerrobert is getting a brand new state of the art integrated health centre. It will replace their existing outdated building that houses both their long term care and acute care residents. The new building will have 30 long term care beds and eight acute care beds. The new building will house the Kerrobert primary care clinic, community based services, diagnostic services, 24/7 emergency medical services, and Telemedicine. The new facility is being built at the junction of Manitoba Avenue and Highway 21. The new facility is a very unique design that will house long term care homes in a neighborhood setting like the other two facilities and all other health professions in one place. EllisDon is the general contractor for both the Kerrobert and Biggar facilities.

The Kerrobert project was tendered in January/February of 2012. Construction started in the spring of 2012. At the end of March 14 the building was about 92% complete. Painting, millwork installation, flooring installation and final mechanical/electrical were ongoing. Move in is expected for the fall of 2014.

The people of Rosetown, Kerrobert, Biggar and the surrounding communities have generously contributed their time, energy and financial support to having these buildings be constructed. The design of all the long term care homes puts the needs of our patients and residents first. Once complete they will provide homes for valued members of these communities who just need that extra care to enjoy the high quality of life they have worked so hard for.

Shared Services

Health Shared Services Saskatchewan (3sHealth) was established in 2012 through a partnership between the health regions and Saskatchewan Cancer Agency (SCA) to provide shared administrative and clinical support services. By sharing services, the health regions, SCA, and other healthcare partners can provide better quality of care to patients and families. At the same time, the healthcare system can leverage shared services to reduce costs and redirect savings back to patient care.

Alongside the health regions, 3sHealth celebrated the following key achievements in 2013-14:

- Establishing a linen services agreement that will create a long-term, sustainable solution for healthcare linen services throughout the province, improving the patient experience, ensuring patient and worker safety, and capturing $98 million in savings over 10 years.
- Leveraging of group purchasing contracts to increase the health system's buying power through provincial and national procurement contracts for clinical supplies and services, resulting in new available savings of $7.8 million.
- Completing the Gateway Online project, which provides all employees in the Saskatchewan health sector with access to personal employment information in a centralized digital space.
- Exceeding our $10 million annual provincial savings target, producing cost savings for the provincial healthcare system totaling over $23 million.

The focus of 3sHealth's work in 2013-14 was on identifying opportunities for improvement that will improve quality of care for Saskatchewan patients and lower the cost curve for the system. As part of this work, 3sHealth explored potential shared services in key areas including medical imaging, medical laboratory services, information services / information management, transcription services, enterprise risk management, supply chain and environmental services.

Through ongoing collaboration with our health region and SCA partners, 3sHealth has exceeded $93 million in total savings, and we are ahead of schedule in our goal of achieving our $100 million five-year target. We look forward to celebrating this significant milestone next year with our health sector partners as together we transform healthcare.

Emerging Health Issues

Physician Resources

Throughout the past year Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Increasing physician shortages have been a challenge for our communities. There have been coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program. Physician practices continue to remain private and regional recruitment strategies are largely locally based. However, the region has dedicated resources to support community initiatives, to welcome and settle new recruits, and to assist applicants through the administrative requirements for immigration and licensure. The region continues to work with various internal and external stakeholders to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices.

Human Resources

The Heartland Health Region is very fortunate to have a stable and loyal workforce that is committed to providing quality healthcare services to residents within the Region. Staff turnover is very low in most classifications; unfortunately, due to challenges in recruiting new staff to rural areas, even a small amount of turnover can be problematic.

The most pressing workforce supply issue the Heartland Region has and will continue to face into the future is our ageing workforce. The Heartland Region is currently experiencing a physician and nursing shortage. Within the next 2 – 5 years it is expected that the Region shall be facing a critical shortage of registered nurses, lab/x-ray staff, licensed practical nurses, physicians, physical therapists, and emergency medical technician classifications as well. The region will continue efforts to aggressively recruit into these positions.

A Culture of Safety

Safety for all continues to be a key strategic goal for the region. Several projects are underway in order to enhance safety throughout the region both for staff and patients alike. Required organizational practises (ROPS) for infection control, Accreditation Canada standards such as medication reconciliation and Surgical Safety Checklist, as well as a Provincial Senior Falls and Injury Prevention Reduction Program all contribute to safer patient care for everyone.

Key to Heartland's progress is the continued evolution of the Culture of Safety in both the organization and the community. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with 'accidents", and unintentional injury. Not all of these costs can be measured and financial gains are not immediate.

Progress in 2013-2014

Hoshin Kanri – Strategic Priorities

Hoshin Kanri is a proven strategic planning and management method being used across the Saskatchewan health system. The Hoshin Kanri planning process focuses on Better Care, Better Health, Better Teams and Better Value for the people of Saskatchewan.

In August 2012, the Saskatchewan Ministry of Health announced a partnership with John Black and Associates (JBA) to help transform the provincial health system, with a goal of improving patient safety and quality.

Each year a series of breakthrough initiatives are outlined by each Health Authority in the province. The Heartland Health Region identified six priorities for the 2013-2014 fiscal year:

1. Primary Health Care
2. Surgical Wait Times and Volumes
3. Surgical Site Infection Bundle
4. Medication Reconciliation
5. Falls Prevention and Injury Reduction in Long Term Care
6. Reducing Workplace Injuries to Zero

1. Primary Health Care

The Heartland project on Primary Health Care is linked to the following Provincial Outcome and Improvement Targets:

- **Outcome:** ***By March 31, 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to 6 common chronic conditions (Diabetes, CAD, COPD, Depression, Congestive Heart Failure, and Asthma).***
- **Improvement Targets:**
  - ***By 2017 there will be a 50% improvement in the number of people surveyed who say, "I can see my primary healthcare team on my day of choice either in person, on the phone, or via other technology".***
  - ***By 2017, 80% of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (Diabetes, CAD, COPD, Depression, Congestive Heart Failure, and Asthma).***

In progressing Primary Health Care (PHC), Heartland Health Region focused on two priorities: (1) increasing public access to physician clinic services, and (2) building a broader, more collaborative and diverse team of service providers as part of a client's PHC team.

Keeping these goals in mind, Heartland's priorities for the 2013 – 2014 fiscal year have been to work on developing a new service model for the communities of Macklin and Davidson, while also continuing to support the growth and development of a service model for the Kindersley area. In developing service models a good portion of the work has been on physician recruitment. Several new physicians have been added to the region over the past year, especially in Kindersley. As new physicians come on board, the pressure is easing off on recruitment and shifting more to a focus on

the range of services being provided and the composition and inter-connection of the service provider team.

In addition to looking at community specific service models, the focus for this year has also been on improving and further developing some key chronic disease programming. In trying to increase program options available to clients with a chronic disease, the region has invested in promoting a community based walking program, either as a rehabilitative program, or an activity program. In some communities the region has taken ownership of building a walking program, known as "Walk this Way", which is what is happening in Outlook and Rosetown. In other communities, the region has been glad to support existing community-based walking programs, which is what is happening in Kindersley and Wilkie. In either case, it is all about promoting better health and management of a chronic disease. Besides a walking program, the region is also putting resources into improving the support and follow-up for clients diagnosed with COPD (Chronic Obstructive Pulmonary Disease).

Whether it is recruiting physicians, working on service models, or adding to program options, the goal is to provide more accessible and better quality PHC services to the residents of our region!

Primary Health Care Target: In partnership with local community leaders and stakeholders, recruit new physicians for the communities of Macklin and Davidson. Macklin is without a physician and Davidson has one physician currently practicing in the community. The goal is to fill the vacancy in Macklin and to increase Davidson services to two physicians.
Outcome: Not Achieved

In terms of physician services, both communities plan to work in a collaborative, shared service model with a neighbouring community. Macklin is working in partnership with Provost, while Davidson is partnering with Craik. Unfortunately, due to the numerous variables associated with physician recruitment, it appears a new physician will not be available to either community until 2014-2015 fiscal year.

Primary Health Care Target: Increase collaborative practice with a focus on COPD client care.
Outcome: Achieved

In Rosetown, a multi-disciplinary team, consisting of Home Care Nursing, Physical Therapy, Chronic Disease Nurse, and Community Pharmacists met to review and revise the care plan for selected COPD clients. The multi-disciplinary team meeting resulted in suggested improvements around medication, physical activity with guidance and monitoring, ongoing testing and opportunities for further education. This was an initial launch; soon into this team-based approach, more involvement from physicians and an opportunity for the client and family members will be incorporated in the process.

Primary Health Care Target: Develop a shared appointment model for clients with diabetes.
Outcome: Achieved

The Diabetes Nurse Educators took the lead in implementing a shared appointment with Physicians and Community Dieticians across a number of communities. Specifically, clients with diabetes had an opportunity to meet with their Diabetic Nurse Educator, and Community Dietician at the

same time, and once this small team had a chance to consult with the client, the latter part of the appointment involved the physician joining the discussion to hear updates, to consider recommendations, and to adjust the client's care plan, all in a collaborative manner. This shared appointment format was initiated in Kindersley, Biggar, Rosetown, and Elrose in 2013 – 2014.

Primary Health Care Target: Increase the focus on the "client's voice" as we evaluate and redesign PHC services.
Outcome: Partially Achieved

In an effort to capture more information about client preferences and their views on existing services, the following initiatives were implemented:
The provincial "Client Survey" was introduced to several practices, although voluntary client participation did not reach a high enough number to make the survey results statistically valid.

A small number of clients, with a recent COPD diagnosis were interviewed one-on-one about their journey and the strengths of the services offered to them, as well as, the gaps in treatment, support and education they experienced.

2. Surgical Wait Times and Volumes

The Heartland project on Surgical Wait Times and Volumes is linked to the following Provincial Hoshin, Outcome and Improvement Target:

- **Hoshin***: Transforming the Client Experience through Sooner, Safer, Smarter Surgical Care*
- **Outcome:** ***By March 31, 2014, all patients will have the option to receive necessary surgery within three months.***
- **Improvement Target:** ***By March 2014, all patients have the option to receive necessary surgery within three months.***

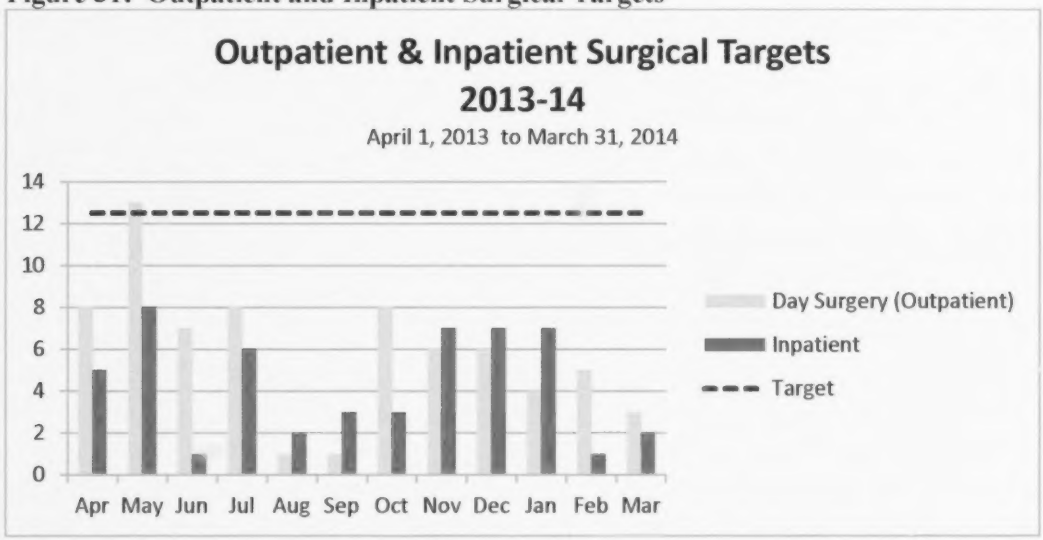
The Saskatchewan Surgical Initiative (SKSI) is in its fourth and final year. The goal of SKSI is to improve the client's surgical experience through the provision of "Sooner, Safer, Smarter Surgical Care. The initiative established annual provincial targets for reducing surgical wait times. (Calculated as the time from receipt of booking request to date of first offer). The target is that no patient will wait greater than three months for surgery by March 31, 2014. The region has been able to achieve this wait time for surgical procedures offered within our surgical sites of Kindersley and Rosetown.

Each year the Ministry of Health provides surgical volume targets to each Health Region to assist in achieving the provincial goals. These targets are based on historical and projected volumes and in consideration of the types of inpatient and outpatient (day) surgeries as well as endoscopy available in the region. This year Heartland Health Region was challenged to meet those targets due to limited surgeon availability related to physician manpower issues in Kindersley and Rosetown as well as reduced itinerant services available from the tertiary center.

The combined Surgical (Inpatient and Outpatient) Volume Target for Heartland Health Region for 2013-2014 is 300 surgeries.

Each year the Ministry of Health assigns surgical targets to each Health Region based on the types of surgeries offered by the Surgeons in that area for inpatient and outpatient (day) surgeries as well as endoscopy (scopes). Again this year Heartland Health Region struggled to meet those targets due to limited surgeon availability due to reduced physician manpower in Kindersley and Rosetown as well as reduced itinerant services from the tertiary center.

Figure 31: Outpatient and Inpatient Surgical Targets



In 2013-2014 the surgical targets for Heartland Health Region were lowered by 50 surgeries – the new requirement being 150 of each Inpatient and Outpatient surgeries for the year. A total of 82 (55%) Out Patient surgeries were completed and 45 (30%) Inpatient surgeries were completed for a total of 127 surgeries or 42% of the target being met.

Although Heartland Health Region is able to report a wait time of less than three months as per the Ministry target, the types of surgeries offered within the region are limited mostly to minor orthopedic, minor abdominal, caesarean section and endoscopy. Patients requiring other types of surgeries receive service primarily in Saskatoon, with occasional surgeries happening in Prairie North and Cypress Health Regions who had larger volumes as well as wait times.

As surgical times become more readily available in Saskatoon through improvements of scheduling and Operating Room turn over efficiencies, as well as the additions of surgi-centres, booking for rural sites becomes more challenging.

With the support of the Ministry, the region was able to fund two LPNs through the perioperative training program, thus allow success in the region planning for both Kindersley and Rosetown Operating Room nursing staff. Continued focus on safe discharge, use of the surgical safety checklist and the surgical site infection bundle continue to be our regional focus.

The endoscopy program supports the Provincial Colorectal Cancer Screening Program that was expanded into the Heartland Health Region in 2012-2013. Recruitment of additional skilled Physicians to the Region has been a priority for 2013-2014.

3. Surgical Site Infection Bundle

The Heartland project on Surgical Site Infection Bundle is linked to the following Provincial Hoshin, Outcome and Improvement Target:

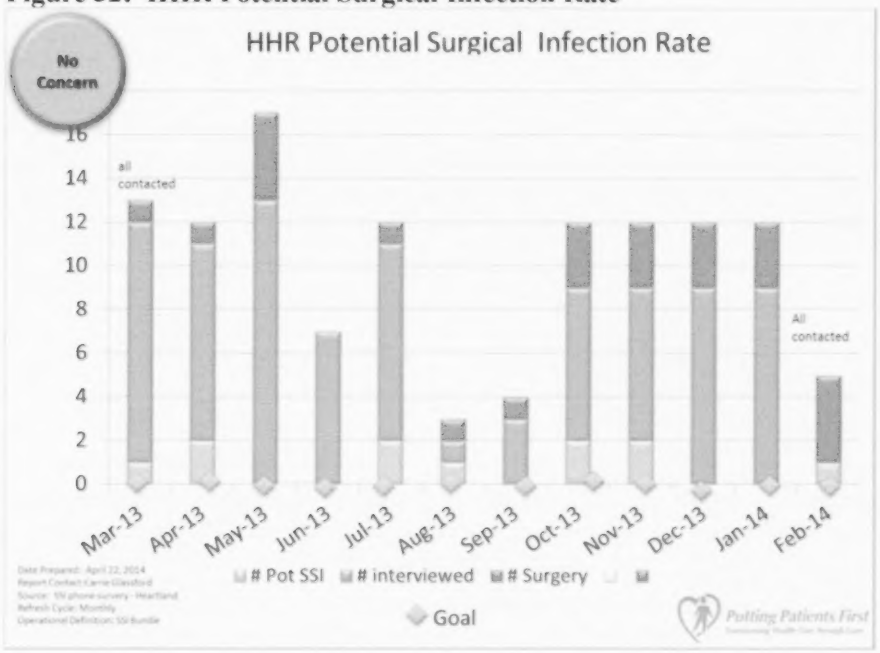
- **Hoshin***: Transforming the Client Experience through Sooner, Safer, Smarter Surgical Care*
- **Outcome:** ***By March 2017 establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).***
- **Improvement Target***: By March 2017, there will be zero patients who experience a preventable surgical site infection from clean surgeries.*

The Surgical Site Infection (SSI) Bundle is new evidence based practice, issued by Safer Health Care Now! that outlines four steps to improve surgical care by reducing the risk of infection. This includes the use of antimicrobials (both in preparation of the skin and prophylactic antibiotic coverage prior to surgical incision); keeping the patient warm before, during and after surgery; monitoring blood glucose in clients with known diabetes or who present with a blood sugar greater than 10.0 mmol/L; and eliminating the use of razors to shave skin prior to surgery (which can compromise skin integrity).

In 2012-2013 Heartland focused on the creation, education and implementation of Physician order sets to ensure that the appropriate antibiotic was given prior to the surgery and that pre and post-operative care guidelines were clear for nursing staff. In 2013-2014, auditing of these efforts was put into place and improvement work began. As well the SSI bundle gained provincial strength and the region was pleased to be a part of the planned efforts and provincial work. Definitions and clarity in process were put into place as well as work into a provincially approved Practitioner order set program called "patientordersets.com".

The region continued to measure infection rates of completed surgeries in Heartland through a phone follow up process 30 days post operatively. This phone follow up allows the client to share their experience and discuss with a member of the team any signs, symptoms, test or treatments that have occurred in the first 30 days following surgery. Results of this survey are shared with the Surgeon and the surgical committee for review and appropriate follow up and correction as needed. These "potential" infection rates are reported throughout the organization for awareness.

Figure 32: HHR Potential Surgical Infection Rate



Our target this year was that all clients will receive evidence based practice through utilization of treatment pathways; including appropriate components of the SSI bundle with 100% compliance by March 31, 2014. A complete post-operative (30 day) audit/follow up with all in/outpatient surgeries performed in the region will be used to determine if signs, symptoms and/or treatment of a surgical site infection have occurred.

4. Medication Reconciliation

The Heartland project on Medication Reconciliation is linked to the following Provincial Hoshin, Outcome and Improvement Target:

- **Hoshin***: Safety Culture: Focus on Patient and Staff Safety*
- **Outcome:** ***By March 2017 establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).***
- **Improvement Target:** ***By March 2017 there will be zero patients who experience a medication defect.***

Clients are at risk for medication errors and adverse events due to lack of clarity regarding medications that they may be taking at the time of admission. Through the use of the Saskatchewan Pharmaceutical Information Program (PIP), Nursing staff and Physicians are now able to generate a list of prescriptions filled in the past four to six months and then confirm with the client which medications they are currently taking, the dosage and the time it was last taken. This allows the Physician or Nurse Practitioner to make safer decisions while writing medication orders for the client.

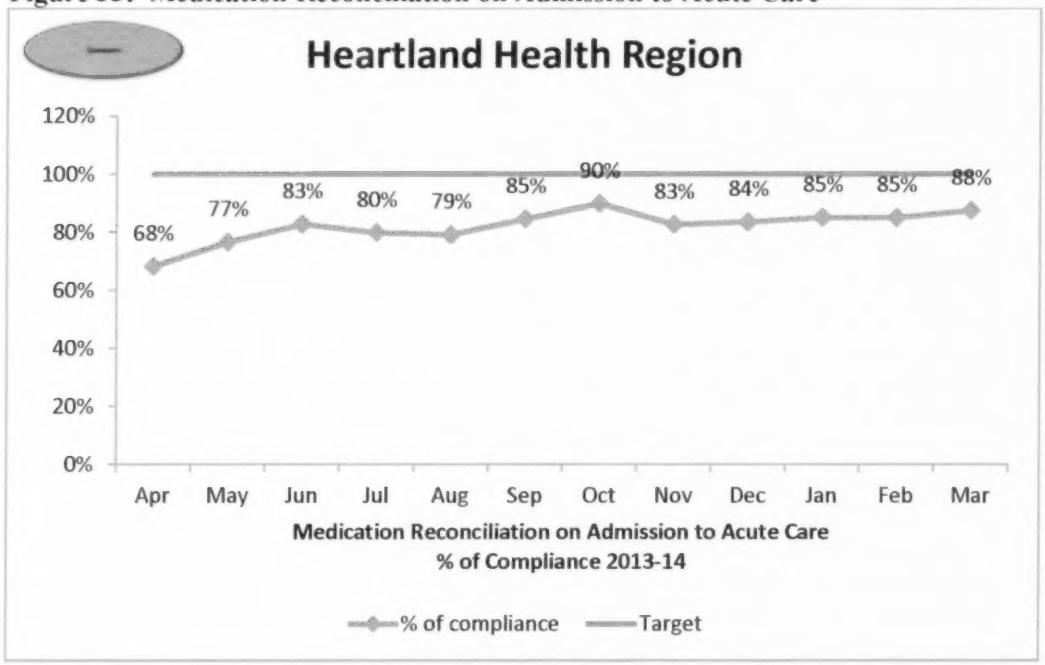
Medication reconciliation is not new; the process has continued to evolve for some time. Last year, the region created a mistake proofing electronic auditing tool to ensure that medication reconciliation was completed appropriately while the client is still in our care. This included the creation of guidelines and educational tools as well as educational sessions with nursing and physicians. The move to "real time" daily mistake proofing has significantly improved our processes for the 2013-2014 fiscal year. Continued emphasis on the safety for the patient, rather than data collection, has been the emphasis this year.

The region has not yet achieved the set target of 100% compliance for medication reconciliation on acute admission. With the excellent efforts from our Physician and Nursing staff, we were able to achieve 88% at our yearend of March 31, 2014. Processes for medication reconciliation in Long Term Care and Home Care admission, as well as at the point of transfer and discharge continue to be focused work both within the region and provincially.

Medication reconciliation on admission to acute was reported monthly for a second year with a target of 100% success by March 2014. Through the use of the Saskatchewan Pharmaceutical Information Program, Nursing and Physician staff are able to receive a list of medications taken in the past four to six months and confirm with the client what they are still taking and when the medication was last taken. This allows the Physician or Nurse Practitioner to then make safer decisions while writing medication orders for the client and administering medications throughout the day. While the focus of reporting remained on reducing the risk of medication errors and adverse events due to lack of clarity of medications being taken at the time of admission – further work happened both at the regional and provincial level for medication reconciliation at the point of transfer and discharge.

Heartland Health Region continued to be challenged in 2013-2014 with 100% compliance achieving only 88% by years end. Focused attention was placed on physician education and support, working through guidelines to ease the process and to identify "one off" situations that impact results in low volume sites. The move to real time daily mistake proofing was created and identified not only these concerns but the risks to the client and allowed us to correct or rectify the situation while the patient was still in our care. Health Care Administrators reported monthly at both the local site as well as to their peer group on the successes and challenges they were facing. As well, corrective action plans were created for the bottom three sites and used to formulate a regional plan for action which was reported at the provincial wall walk. Continued emphasis for 2014-2015 will be on safety for the patient throughout the spectrum of care; admission, transfer and discharge.

Figure 33: Medication Reconciliation on Admission to Acute Care



5. Falls Prevention and Injury Reduction

The Heartland project on Falls Prevention and Injury Reduction is linked to the following Provincial Hoshin and Outcome.

- **Hoshin***: Safety Culture: Focus on Patient and Staff Safety*
- **Outcome:** ***By March 2017 establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).***

Falls Prevention and Injury Reduction remain an important practice within all Long Term Care (LTC) facilities in Heartland and is the focus of specific work for this fiscal year. A second focus in relation to falls has been a pilot project in Outlook – to identify those who are high risk for falls at night and to do focused work with this group to reduce their falls. It, too, has had success. We call it the "Night Owl" program and we will be working at rolling it out to other facilities in the region.

Falls Prevention and Injury Reduction is also important in acute care, home care and the community. One of the strategies was the development of a magnet with tips to staying independent that is available for home care clients and community members.

Last year a group called the Grace Notes that formed in Rosetown began. The group performs short songs and skits that focus on areas to keep seniors healthy and to prevent falls. During the year, the group has done many presentations in various communities in the region.

In October of 2013, the Ministry of Health developed a Critical Path for Long Term Care which supports their general focus on Senior's Health. Activities within this strategy include CEO attendance to and reporting from all Resident/family Councils, the dispersal of the Urgent Issues Action Fund (UIAF), Lean Initiatives and Quality Indicators. The Lean Initiatives are pilot projects at specific locations in the province and have not to this point involved Heartland.

In this fiscal year, a Senior Management representative attended Resident/Family Council meetings in all facilities. There was overwhelming kudos and appreciation to the staff for the care that residents are receiving. The main areas of concern were the quality of meals and staffing levels (i.e. untimely care delivery due to not enough staff). Improvement plans were developed and work has been on-going through the year to address these issues (i.e. working with head cooks & dieticians to improve delivery of standardized menu).

Heartland received monies in December 2013 as our share of the Urgent Issues Action Fund (UIAF). The majority of the one-time funding was spent on equipment to support safe resident care and included ceiling track lifts, stand-alone lifts, electric beds and pressure reducing support mattresses. There was also one-time funding to support education of the Gentle Persuasive Approach ™ (GPA™) to all care and support staff in Long Term Care (LTC) - an approach that gives care givers knowledge of dementia as well as ways to interact with residents with challenges. Although this was one-time funding, some of the funding for this project has been deferred to the next fiscal year as will take the year to complete the training in all facilities. Additionally, there was funding to support additional staffing in five facilities and to begin work on the use of LTC Patient Order Sets. Both of these projects have annualized funding and will, therefore, be made permanent in the next fiscal year.

The Ministry has also identified measures called Quality Indicators that is information obtained from the quarterly assessments of all LTC residents. They are paying particular attention to pressure ulcers, restraint use, use of antipsychotic medications, pain and bladder incontinence. Facilities that are above the provincial average in these categories as required to complete an improvement plan which is being monitored. It is too early in this process to know whether we, in Heartland, are making any progress with these care areas.

We have, however, made progress this year in Heartland, as we experienced a reduction in the total number of falls from the previous year. A positive change of approximately 25% indicates how diligent the staff are working on this area. Kudos to all and we hope to continue this trend in the future.

6. Reducing Workplace Injuries to Zero

The Heartland project on Workplace Injuries is linked to the following Provincial Hoshin, Outcome and Improvement Target.

- **Hoshin***: Safety Culture: Focus on Patient and Staff Safety*
- **Outcome:** ***By March 2017 establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).***
- **Improvement Target:** ***By March 2017 there will be zero workplace injuries.***

Heartland Health Region, in compliance with legislation and the direction set forth by the Ministry of Health and Saskatchewan Association for Safe Workplaces in Health is committed to maintaining a Safety Management System that provides a safe and health work environment for all employees while providing quality client care.

In 2011 the Ministry of Health, established its five year plan and projections to achieve the goal of reducing our work place injuries so that by March 2017 there would be zero workplace injuries sustained by our employees. In Heartland Health Region, we are constantly working towards meeting those goals and strive daily to find avenues to support staff to ensure they have the education, awareness, and equipment they need to work safely.

While we recognize we have continued progress to make, we have embarked on many initiatives to guide us to achieving our 2017 target, which includes: a detailed examination of the types of injuries sustained and working with local staff to prevent or reduce recurrence; utilizing actual workplaces incidents as an educational opportunity across the region in to prevent recurrence; workplace inspections with required follow up; continued encouragement for thorough reporting and investigation of all workplace staff incidents; support for our local Occupational Health and Safety committees; and timely employee support by the Employee Wellness Nurse.

Heartland Health Region is committed to continuing collaborative work with staff at all levels so no employee suffers an injury while at work. Workplace injuries are preventable and Heartland is committed to implementing control measures to mitigate the workplace hazards that our staff might experience. These control measures make up a comprehensive provincially adopted "Safety Management System".

The Safety Management System is comprised of six different components that, when fully implemented in our health region, will ensure that all areas of risk have been identified and measures and processes implemented to support staff to know how to manage them. The purpose of the system is to identify, eliminate, and control hazards that all contribute to a sustained system that protects the health and safety of our employees. It includes the following six elements:

1. Management commitment and leadership
2. Hazard identification and control
3. Training and communications
4. Inspections
5. Reporting and investigations

6. Emergency response

The elements are written and implemented in compliance with Occupational Health and Safety Regulations and Act legislative requirements. As well, they support a collaborative environment where employees and employers work together to identify and resolve safety concerns efficiently and effectively.

Key actions taken in 2013-2014 have been:

- continued further implementation of the Safety Management System from 2012/13 when it was first introduced
    - the delivery of Saskatchewan Association for Safe Workplaces in Health (SASWH) "Safety for Supervisors" education being provided to all Heartland staff who have supervisory responsibilities
- the provision of incident investigation training to site Managers and members of local Occupational Health and Safety committees that empowers them to look for the root cause of an incident and implement preventative measures to prevent recurrence
- ongoing support of our Occupational Health and Safety committees to foster their effectiveness and visibility in our workplaces
    - all committee co-chairs are offered Level I and II OHC training so they better understand their role and the function of the Occupational Health and Safety Committee in their site
- continuous review of all Staff Incident Reports by the Heartland Occupational Health and Safety department with appropriate follow up and support by any member of the team (OH&S Director or Manager, Employee Wellness Nurse, Ability Management Coordinator, TLR Program Supervisor)
    - as well the monitoring of trends with incident reporting and striving to shift to be proactive to be able to put measures into place to minimize risks prior to incidents occurring
- certification of three Ergonomic Assessment specialists so ergonomic assessments can be performed
- implementation of systematic, structured facility safety audits by the OH&S Manager

Workers' Compensation Claims

Following with the Heartland Health Region's goal to have a healthy, safe and productive work environment, we are striving to reduce the number of work related injuries which are occurring. In 2013-2014, a goal to reduce total workplace injuries by 25% from the 2012-2013 fiscal year was set. Unfortunately, the Heartland Health Region did not meet this goal (we had a 14% decrease as shown in Figure 34) we were able to compile a vast amount of knowledge about claim trends and where we need to focus our energy to ensure greater claim reduction is seen in the future. Two areas which we will be monitoring closely will be monthly trends, as we saw spikes in submission of staff incident report and Workers' Compensation Claims during the summer months and early winter and needle pokes. The Heartland Health Region will focus on circulating communication to

staff to increase their awareness and also working alongside facility managers to be proactive in decreasing injuries and potential workplace hazards.

Figure 34: Cumulative Total Yearly WCB Claims

Also in 2013-14 the MoH established a target of a reduction in back and shoulder injuries within the workplace by 50%. The Heartland Health Region did not meet this target (represented in Figure 35 and 36) as we saw a slight increase in these injuries during 2013-2014 as compared with 2012-2013.

Figure 35: 2013-14 Back Injuries with Mechanism of Injury

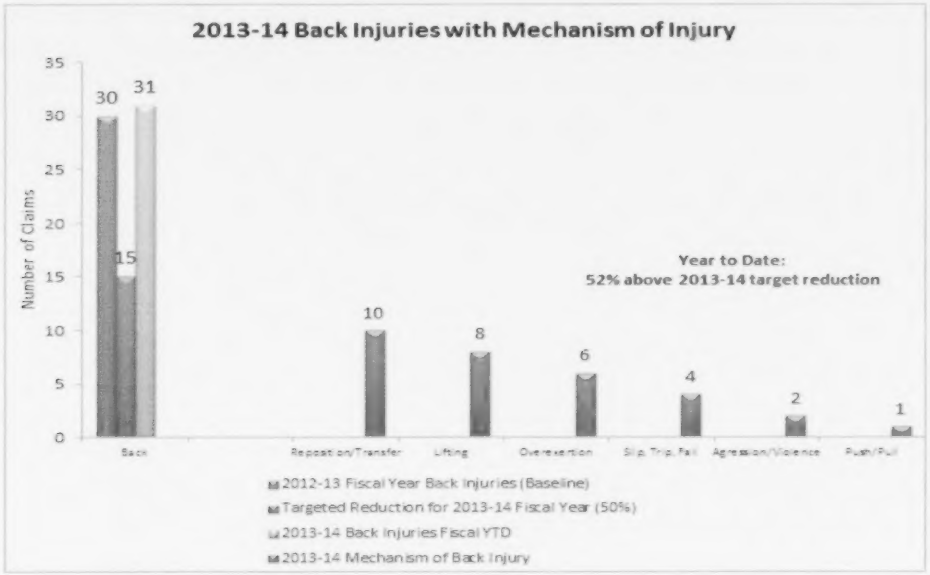


Figure 36: 2013-14 Shoulder Injuries with Mechanism of Injury

It is the Heartland Health Region's goal to see a decrease in back and shoulder injuries in the 2014-2015 fiscal year through improved incident investigates in all Code 1, 2, 3, and 4 staff incidents, follow up of every staff incident by the Employee Wellness Nurse, increased comprehensive TLR training within Heartland Health Region's facilities and affiliates, a review of hours of operation

for some job classifications to ensure safety of all staff is a priority, and the purchase of new lifts and mechanical beds for facilities within the region.

As identified in this section, many accomplishments have been realized with the work of all the teams involved in the regional priorities for 2013-2014.

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

ABBOTT	JEANETTE	81,882
ABBOTT	LYNDA	53,492
ADAMOWSKI	GAIL	93,156
ALEXANDER	KRISTA	103,768
ALLEN	GERALYN	56,513
AMES	EVELYN	88,375
AMY	VANESSA	73,672
ANDERSON	BRENDA	95,393
ANDERSON	LAURIE	81,091
ANDERSON	LEONA	56,472
ANDERSON	COLETTE	51,547
ANDREWS	WENDY	60,859
ANHORN	PATRICIA	78,819
ARSENAULT	RANDY	108,246
ARSENAULT	LEAH	80,198
AYLWARD	PATRICIA	59,746
BACHMAN	TAMMY	75,050
BACHMAN	JANET	53,750
BAILEY	MILDRED	54,522
BARKER	DOUGLAS	78,983
BARTLETT	RHONDA	92,590
BASLER	CAROLYNE	65,821
BATALLONES	BONIFACIO	113,797
BATALLONES	WILLIAM	51,517
BAXTER	JANINE	52,684
BAXTER	KIM	50,176
BEATON	VIVIAN	65,679
BECKER	KIMBERLEY	93,434
BECKER	LINDA	89,766
BECKER	CHRISTOPHER	88,864
BEESON	DOUGLAS	84,207
BENCHARSKI	MELISSA	50,168
BERTOIA	STEPHANIE	62,113
BILAO	SARAH	98,319
BILLETT	DANA	71,447
BLACKWELL	TAMMY	95,663
BLANCHETTE	DEBRA	108,244
BLODER	JANET	73,488
BLOSKY	ERIC	94,830
BLOSKY	NICHOLE	67,007
BOKITCH	ALLISON	94,791
BORINES	RONALD	98,525
BORNE	RODNEY	85,213
BOSCH	STACEY	177,001
BOSER	DONNA	50,150
BOTHNER	CHARLOTTE	89,788
BOUCHER	COLLEEN	85,668
BOUTKAN	JOANNE	56,561
BOWMAN	DEBRA	60,298
BOYLE	ALAN	88,045
BRAUN	GLENDA	54,143
BRELAND	ASHLEY	60,313
BRENNER	RICHARD	95,740
BRENNER	SHARI	61,172
BREWER	DIANE	56,288
BRIGGS	DOREEN	52,463
BRIGHAM	WENDY	102,815
BRODY	CARRIE-LY	58,030
BROOKS	JENILEE	57,516
BROWN	CORINNE	95,742
BROWN	WANDA	89,882
BROWN	SANDRA	56,691

BUCKTON	MICHELE	95,913
BUDD	JANELLE	92,078
BURBANO	PAUL	63,831
BURTON	ERIN	61,053
BUSCHYNSKYI	RICK	57,998
BUTT	SHARON	70,936
CALLSEN	DEANNA	60,543
CAMPBELL	TRINA	85,348
CAMPBELL	DEANNE	74,764
CATAMBING	MELCHOR	97,430
CHAN	ANN	58,343
CHARPENTIER	BARBARA	98,406
CHARPENTIER	RACHAEL	64,306
CHARTRAND	REBECCA	84,555
CHENEY	ALICIA	118,615
CHESTER	JENNIFER	63,073
CHEYNE	JAMES	98,282
CHOLIN	SHANNON	85,024
CLARK WATSON	GLENDA	92,779
CLIMENHAGA	ASHLEY	51,326
COLLINS	BONNIE	61,591
CONWAY	MICHELLE	66,681
COOK	SUZANNE	54,704
COOL	GLORIA	102,644
COOPER	JOHAN	360,055
CORDES	SANDRA	62,086
COSSETTE	KIMBERLEY	59,265
COVEY	MELAYNA	53,686
COWELL	BARBARA	88,696
COWELL	JAMIE	68,979
CRANEY	LISA	85,072
CROCKER	MEAGAN	51,801
CROSS	LINDSAY	78,928
CULLEN	SEAN	54,866
CUMMINGS	GREGORY	270,505
CUPPLES	STEVEN	83,522
CUTLER	SHELLEY	68,827
DAVID	LAURA	82,086
DAVIDSON	LEE ANN	134,818
DAVIDSON	JULIE	51,016
DEGENSTIEN	ROBERT	82,904

DEIBERT	KERRY	105,493
DELAINEY	CAMILLE	99,322
DESROSIERS	WANDA	102,716
DESROSIERS	LEXI	51,023
DESROSIERS	CHERYL	50,154
DIEHL	ERIN	67,136
DOLEGA-CIESZKOWS	JADWIGA	74,747
DRURY	JANICE	59,149
DUNN	BONNIE	72,064
DUPUIS	JO-ANN	88,171
DURDLE	JENNIFER	60,363
DURETTE	BONNIE	50,250
DYCK	KAREN	58,515
DYCK	MARYANN	50,883
EAST	AUDRA	95,766
EDBOM	ROBERT	93,701
EDMONDS	ANNEMARIE	94,893
ELLIS	KILEY	58,553
ENDICOTT	MIRANDA	53,162
ESCORPISO	EMELDA	107,141
ETSELL MCLEOD	ELAINE	90,776
EYOLFSON	JILL E	59,890
EYRE	GWEN	70,133
FAGNOU	JULIA	59,462
FARDEN	MELISSA	70,795
FISHER	MARY PAT	94,061
FLYNN	RENEE	72,350
FORSBERG	NINA	61,772
FORSYTH	SHARON	112,063
FORTIN	CHERYL	73,024
FOSTEY	AMBER	74,208
FOWKE-BURNS	CAROL	69,282
FOWLER	BLAIRE	84,730
FRANKLIN	OLAWALE	285,583
FRERICHS	JENNIFER	91,267
FRIESEN	REIZAH	85,259
FRIESEN	PERRY	55,103
FROYSTAD	LISA	60,220
FUNK	MARGARET	51,167
GAFF	JO ANN	68,437
GARRETT	CHRISTA	62,890

GARTNER	DIANE	73,039
GARTNER	ELSIE	56,512
GARTNER	AMANDA	53,147
GEDAK	STACEY	74,295
GEORGE	DOREEN	93,184
GEREIN	JACQUELIN	87,905
GEREIN	NICOLE	87,016
GEREIN	BROOKE	71,703
GERSTNER	LISA	71,579
GLASSFORD	CARRIE	124,319
GOMEZ	JESNA	75,872
GOPINATHAN PILLA	RAHUL	78,392
GORDON	ARLENE	52,547
GOTTFRIED	ADELINE	72,611
GRYBA	ASHLEY	77,634
GURNEY	KRISTA	59,895
GUTTING	ANDRIA	73,117
HABERMEHL	PATRICIA	82,969
HADUIK	CONNIE	90,561
HALDE	SERGE	84,658
HAMM	AUDREY	103,117
HARDENNE	LINDA	51,232
HARROD	KRYSTAL	69,524
HARTEMINK	DEBBIE	57,726
HARTSOOK	CORALIE	54,882
HATCH	KARI	86,630
HAUBRICH	KATRINA	89,031
HAUBRICH	SHARON	60,294
HAUG	BEVERLY	56,718
HAUGEN	KIRSTI	59,432
HAWKINS	ERIN	84,828
HAYES	BRENT	110,411
HAYES	TERI LYNN	78,650
HEALEY	SHERRI	92,993
HEALEY	COLLEEN	75,324
HEIDT	TRACY	76,351
HEILMAN	AUDRY	68,411
HEINTZ	TWILLA	51,402
HELGASON	DANIELLE	66,642
HENDERSON	REBECCA	64,140
HENDERSON	ROB	55,242

HERLE	ERICA	50,269
HERMANSON	RUTH	56,957
HESS	ERIN	107,409
HIEBERT	ELIZABETH	81,002
HILL	CAROL	107,163
HILL OUSDAHL	CHARLOTTE	66,419
HINTHER	CATHY	101,793
HODGINS	SANDRA	82,093
HODGINS	JANELLE	78,575
HODGINS	MEGAN	58,159
HOEHN	CAROL	74,189
HOFFMAN	LORNA	69,680
HOGAN	KAREEN	69,648
HOLTON	IAN	107,423
HORN	VIRGINIA	95,915
HUBER	VANESSA	59,602
HUBER	CAROL	56,726
HUCKER	GEORGE	91,291
IRELAND	SCHARLENE	97,662
IWEGBU	NWANDO	78,598
JAMES	KYLA	91,418
JAMES	CARLA	59,926
JANZEN	DOREEN	105,625
JOHB	LAUREN	65,364
JOHNSON	KATHRYN	75,173
JOHNSTON	KIM	63,265
JONES	KATHLEEN	94,581
JOSEPH	NIMISHA	73,214
KAPELL	KEVIN	76,811
KEITH	STEPHANIE	70,931
KELLER	CHRISTINE	52,974
KEMBEL	KELLEY	107,253
KERNOHAN	BEVERLY	94,202
KIRKNESS	BRIAN	60,906
KISSICK	KAREN	89,023
KLEIN	BRIANNE	62,924
KNORR	NANCY	95,558
KNORR	GLORIA	72,578
KOHLMAN	LYNDA	52,379
KOKESCH	MEGAN	93,065
KOLESNIK	MONICA	110,057

KON	LEONA	62,962
KON	DARRYL	50,049
KOOP	CAROLYN J	89,930
KREKOSKI	GAIL	81,735
KRENTZ	JEANNE	54,041
KROGSTAD	VIVIAN	52,064
KRONBERG	DIANE	80,449
KUNTZ	SYLVIA	96,483
KUNTZ	KRISTIN	50,040
KURULAK-MILNE	DEBORAH	109,256
LANGAGER	JUDY	78,679
LANGE	PATRICIA	52,357
LARSON	CAROL	52,938
LAVENTURE	ASHLEY	72,115
LAVENTURE	CATHY	52,558
LEBRUNO	KRISTEN	63,324
LEDDING	DAVID	149,500
LEGROW	WENDY	94,543
LENZ	TRACY	71,646
LI	ESTHER	63,360
LILBURN	CHRISTINE	128,053
LINDBERG	LORRAINE	110,856
LOITZ	TERRIE	71,661
LONGTIN	CATHY	89,615
LOWE	KAYLIE	57,694
LOWENBERGER	MELISSA	75,666
LYPKA	BARBARA	50,400
MABBETT	LANA	73,363
MACKERACHER	DEBBIE	65,011
MACRAE	JOAN	91,245
MAGANIS	RUDILITA	57,975
MAGNUS	MARILYN	64,218
MAHARAJ	SUBHAS	92,242
MARTENS	KRISTA	61,162
MARTIN	MONANNE	66,118
MARTIN	SHERRY	58,989
MASSEY	PATSY	60,102
MASSIE	LESLEY	91,030
MATHEW	JIMMY	97,736
MAY	CARLA	86,140
MCADAM	CALI	58,249

MCBRIDE	JANELLE	81,474
MCCANN	CARMEN	52,372
MCCORMICK	ANN	76,572
MCDONALD	BRENDA	95,207
MCINTOSH	MARY	67,590
MCLACHLAN	JANICE	68,727
MEIER	KATRINA	83,483
MERKEL	GORDON	91,838
MEYER	NORMA	80,349
MEYER	JENNIFER	54,044
MILLER	E RUTH	122,467
MILLER	NICOLE	76,172
MILLER	KATHY	74,890
MILLER	LAUREN	62,971
MILLER	SANDRA	56,599
MILTON	DEBBIE	99,935
MINCHIN	NATALIE	66,069
MINTO	KIERRA	56,490
MITCHELL	BRENDA	68,951
MOEN	SANDRA	52,633
MOFOLASAYO	OLAWUNMI	76,896
MOORE	SUSAN	110,202
MOORE	BRENDA	64,587
MORESIDE	DIANNE	77,368
MORO	BREANNE	66,166
MORRILL	MICHAEL	117,971
MORTON	KELSEY	62,570
MOSKALYK	STACY	69,227
MOURRE	LILLIAN	56,660
MULDER	BECKY	50,432
MUNRO	JEANNIE	174,839
MURDOCH	ASHLEY	64,566
NAGY	KATELYN	54,350
NASH	JOCELYN	66,073
NELSON	SHELLY	88,331
NEWTON	KIRSTEN L	52,299
NICKEL	MELVIN	66,476
NISBET	CARA	107,343
NODWELL	CARLA	71,818
OJA	GERMAINE	50,561
OLFERT	PAMELA	51,198

OLSON	BREA	74,906
OLSON	PATRICIA	67,665
OLSON	SHERRYL	58,624
OMNESS	LESLIE A	50,237
ORTMAN	ANDREW	79,189
PAJUNEN	SHEILA	175,890
PANGMAN	AMANDA	95,370
PAPROSKI	LEANNE	82,835
PARK	GLORIA	106,558
PARK	SUSAN	54,720
PARKINSON	SHIRLEY	103,025
PENNINGTON	MELANIE	61,243
PETRIE	DENISE	51,987
PHILLIPS	LISA	66,777
PIERREPONT	WAYNE	122,156
POITRAS	CHARMAINE	79,164
PREISS	JENNIFER	78,454
PRESCOTT	LANA	52,919
PRINCE	JOHN	76,775
PURCELL	LINDA	80,575
RAMIAH	AMRISH	267,276
RANKIN	ANNE	63,133
READ	RUTH	60,377
REDDEN	DEBBIE	77,006
REDLICK	HALEY	75,605
REINIGER	AMY	80,804
REMESHYLO	KRISTA	126,508
RENWICK	DEBBI	52,368
RESCH	MARCY	56,880
RIENDEAU	GAYLE	216,775
RINGROSE	CATHY	123,574
RITCHIE	DAWN	70,501
RITCHIE	ADELE	68,800
RITTER	MONICA	56,190
RITTINGER	MARLENE	65,030
RITZ	SUSAN	50,537
ROBILLARD	RYAN	60,224
ROBINSON	WARREN	66,693
ROBSON	SHELLY	103,109
RODENHURST	DAWN	77,652
RODGERS	MARILYN	107,046

ROSZELL	JOAN	79,317
ROUSE	JANICE	84,523
SAATHOFF	KARYN	51,315
SALEWSKI	DANA	63,468
SANDERCOCK	SANDRA	81,758
SANVILLE	ANNEMARIE	52,507
SARICH	MARIANNE	50,666
SAROYE	ARCHANA	77,530
SCHAFER	CLAREEN	60,637
SCHIMPF	JOANNE	71,321
SCHMIEDGE	ADRIAN	96,341
SCHOLER	BRENDA	120,079
SCHURMAN	JANICE	56,183
SCHWAB	MICHELLE	72,178
SCHWAB	EVA	54,368
SCHWARTZ	BERNIE	148,931
SENKO	VICTORIA	87,063
SERFAS	KAREN	113,394
SHAVER	JOHN-MICH	62,607
SIBLEY	TANISLEI	76,585
SIMONSON	LYNNE	85,897
SIMONSON	LORI	83,008
SIMONSON	SUSAN	69,130
SINCLAIR	AGNES	83,759
SMITH	DARLENE	91,432
SMITH	SANDY	68,371
SMITH	LEAH	58,733
SMITH	CHERYL	53,308
SMITH	SHERI	52,565
SNIDER	HEATHER	85,751
SPENCER	CORALEE	102,394
SPERLE	NOLA	73,610
SPIGOTT	SHARON	73,276
SPROULE	GWEN	60,340
STANJEK	DONNA	60,837
STANLEY	LEESA	106,648
STEVENS	DEBRA	70,695
STEWART	WILLIAM	73,357
STOPANSKI	VALERIE	81,939
STOREY	CRYSTAL	75,248
SUCHAN	AMY	63,696

SUTHERLAND	DONNA	103,661
SUTHERLAND	RENA	81,483
SWITZER	GLORIA	56,849
TAMBOLERO	BOOTS	99,226
TAYLOR	JANELLE	64,988
TAYLOR	MEGAN	59,502
TERNES	DALE	107,307
THIESSEN	SHERI	65,293
THOME	JILLIAN	62,597
THOMPSON	JOAN	50,240
THURSTAN	SHAWNA	91,778
TOLLEFSON	CHRISTINE	77,326
TORR	DAVID	173,680
TORRANCE	CAROLYN	77,809
TRUMBLEY	BETTYANN	105,819
TUCKER	JAYLEEN	51,760
UDOH	GLORY	56,151
VALEN	BRENDA	56,627
VAN DYK	ANDREW	85,870
VAN SEGGELEN	DEBRAH	50,967
VANDERZWAAG	GLORIA	104,024
VANTHUYNE	MARLENE	83,148
VARGHESE	LEGI	87,794
VERONELLY	YVONNE	99,354
VOLK	DONALD	73,357
VOLK	TRACY	63,610
VOLK	BEVERLEY	63,430
WADE	ALICIA	57,938
WAGNER	LESLIEANN	95,031
WAITE	DONNA	100,593
WAKE	ELLA	56,958

WALKER	EVELYN	73,521
WALL	HAROLD	72,767
WALLACE	JENNIFER	65,302
WARKENTIN	SHERI	74,100
WARREN	LYNNE	92,049
WARRINGTON	CHANTAL	55,521
WEBER	DAWN	90,716
WEBSTER	JAMES	83,189
WELLS	BONNIE	74,397
WELLS	STACEY	70,222
WENDT	ADRIENNE	67,773
WENZEL	KRISTENE	78,098
WESTBURY	THERESA	63,395
WESTON	MARLENE	120,173
WHITNEY	JOAN	54,281
WIEBE	DIANNE	89,313
WIENS	CHRISTINE	104,112
WIENS	LAURIE	73,613
WILDEMAN	BERNIE	80,699
WILLIAMS	KATTLYN	69,923
WILLIAMSON	NICOLE	86,243
WILSON	DIANNE	76,377
WINNY	JOANNE	84,097
WINTERHALT	CAROLINE	55,063
WIPF	JODY	58,337
YOUNG	LAURIE	51,547
YUHASZ	JUANITA	75,182
ZIMMER	ANDREA	64,150
ZIMMER	LISA	52,897
ZLATNIK	KERRI	62,582

Payee Disclosure List: Transfers	
Listed, by program, are transfers to recipients who received $50,000 or more.	
BRIDGEPOINT	588,141
INDIVIDUALIZED HOME CARE FUNDING	92,214
ST. JOSEPH'S HEALTH CENTRE	2,265,041
Payee Disclosure List: Supplier Payments	
Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.	
3S HEALTH	451,283

A1 POWER DOOR LTD	75,889
ARI FINANCIAL SERVICES T46163	247,194
ARJOHUNTLEIGH CANADA INC	130,367
ASSOC. RADIOLOGISTS OF S'TOON	270,790
BECKMAN COULTER CANADA LP	106,703
BEECHY DEMAINE EMERGENCY SERVICES	137,500
BIOMED RECOVERY & DISPOSAL	50,997
CARDINAL HEALTH CANADA INC.	393,283
CDW CANADA	240,742
CREDIT UNION CREDIT MASTERCARD	75,059
CRESTLINE COACH LTD.	268,809
CXTEC	69,107
CYPRESS HEALTH REGION	66,322
DR IDALBERTO JIMENEZ-GUERRA	53,463
DR PETER KAPUSTA MEDICAL PC INC	85,456
DR.BOYLALE JULES BOFOYA	172,109
EATONIA OASIS LIVING INC.	119,257
ECOLAB INSTITUTIONAL DIVISION	64,352
EHEALTH SASKATCHEWAN	113,719
ELLISDON CORPORATION	21,075,196
FLAWLESS FLOORING SERVICES	127,099
FRIESEN TOKAR ARCHITECTS	748,620
GRAND & TOY	161,664
HILLCOR PROPERTIES	56,377
HILL-ROM CANADA LTD.	64,389
HIROC INSURANCE SERVICES LIMITED	69,003
HOSPIRA HEALTHCARE CORPORATION	178,266
IMPACT ENERGY SERVICES	84,247
INSTRUMENTATION LABORATORY CANADA	92,102
JARDINE, C LESLIE	67,750
JOHNSON & JOHNSON	449,707
KCI MEDICAL CANADA INC.	68,653
KIRKPATRICK, KIM	82,993
KPMG	75,900
LEPAGE CONTRACTING LTD	52,940
LOOMIS EXPRESS, A DVI OF TFI TRANSPORT	56,344
M.D. AMBULANCE & CARE LTD	120,710
MARSH CANADA LTD	145,504
MCKESSON CANADA	130,682
MCKESSON DISTRIBUTION PARTNERS	87,998
MINISTRY OF GOVERNMENT SERVICES (SPMC)	832,250
NORTH SASK LAUNDRY	511,551

ONEWORLD ACCURACY INC.	66,450
PHILIPS HEALTHCARE	106,516
PHYSIO CONTROL CANADA SALES LTD.C/O. T11076C	51,361
PLAINSMAN HVAC-R LTD	105,198
PRAIRIE NORTH HEALTH REGION	168,264
PROVINCIAL PUBLIC SAFETY TELECOMMUNICATION NETWORK	80,264
QHR SOFTWARE INC.	61,000
QUOREX CONSTRUCTION	8,120,133
RCDP / CPDN	119,064
ROCHE DIAGNOSTICS	126,170
ROCHE, SARAH-JANE	60,350
SAPUTO DAIRY PRODUCTS CANADA G.P.	111,386
SASKATCHEWAN ENERGY CORP	1,056,181
SASKATCHEWAN POWER CORPORATION	816,329
SASKATCHEWAN REG. NURSES ASSOC	128,405
SASKATCHEWAN TELECOMMUNICATIONS	595,165
SASKATOON HEALTH REGION	56,933
SCHAAN HEALTHCARE PRODUCTS	741,712
SIMPLEX/GRINNELL	116,683
SOFTCHOICE LP	74,566
STERIS CANADA INC.	139,564
STRYKER CANADA	245,744
SUCCESS OFFICE SYSTEMS	58,037
SYSCO FOOD SERVICES	1,248,141
THE STEVENS COMPANY LTD.	90,235
THERAPLAY PEDIATRIC OCCUPATIONAL THERAPY	61,394
TOWN OF KINDERSLEY	66,025
VITAL AIRE	131,196
WALLACE, WILDA	61,705
WBM OFFICE SYSTEMS	71,815
WOOD WYANT INC	150,054

Payee Disclosure List: Other Expenditures	
Listed are payees who received $50,000 or more for expenditures not included in the above categories.	
3s HEALTH - DENTAL PLAN	737,779
3s HEALTH - DISABILITY INCOME PLAN	703,277
3S HEALTH - ENHANCED DENTAL/ EXTENDED HEALTH PLAN	1,645,084
CRA- CANADA PENSION PLAN	2,417,537
CRA- EMPLOYMENT INSURANCE	1,218,591
HEALTH SCIENCES ASSOC OF SASKATCHEWAN	95,017
SASKATCHEWAN HEALTH CARE EMPLOYEE'S PENSION PLAN	4,679,059

SASKATCHEWAN UNION OF NURSES	286,045
SASKATCHEWAN WORKER'S COMPENSATION BOARD	1,074,798
SEIU	573,049

Management Report

Heartland Health Region

June 13, 1014

The accompanying financial statements are the responsibility of management and have been approved by the Heartland Regional Health Authority. The financial statements have been prepared by management and, except as explained below, are presented fairly in accordance with Canadian public sector accounting standards. The financial statements reflect management's best estimates and judgments based on currently available information.

During 2013, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Finance, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards. Had the Authority accounted for the full cost of the capital projects, capital fund revenue from the Ministry of Health for the year ended March 31, 2014 would have increased by $15,743,688 (2013 - $16,160,028). A corresponding increase in construction in progress of $27,694,026 (2013 - $12,028,732), a decrease in accounts payable of $4,209,690 (2013 – $4,131,296) and a corresponding increase in restricted fund balances of $31,903,716 (2013 - $16,160,028), would be required as at March 31, 2014.

Management is also responsible for the existence of an appropriate information system, procedures and controls to ensure that the information used by management internally and disclosed externally is complete and reliable. In addition, management is responsible for establishing and maintaining an adequate system of internal control to provide reasonable assurance that the financial records provide relevant, reliable and accurate information and assets are safeguarded.

The Authority is responsible for ensuring that management fulfills its responsibility for internal control and financial reporting. The Authority exercises this responsibility through the Audit Committee. This committee meets with management and the external auditor to satisfy itself that management has properly performed its financial reporting responsibilities and to review the financial statements before they are presented to the Authority for approval. These financial statements have been approved by the Authority as recommended by the Audit Committee.

KPMG LLP, an independent firm of Chartered Accountants, has been engaged to examine the financial statements and provide their independent auditors' report thereon. Their report is presented below.

Greg Cummings
Chief Executive Officer

Stacey Bosch
VP of Corporate Services

Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2014

KPMG LLP
Chartered Accountants
500 – 475 Second Avenue South
Saskatoon Saskatchewan S7K 1P4
Canada

Telephone (306) 934-6200
Fax (306) 934-6233
Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Authority Members

We have audited the accompanying financial statements of Heartland Regional Health Authority ("Authority"), which comprise the statements of financial position as at March 31, 2014, the statements of operations, remeasurement gains and losses, changes in fund balances and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

During 2013, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Finance, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards. Had the Authority accounted for the full cost of the capital projects, capital fund revenue from the Ministry of Health for the year ended March 31, 2014 would have increased by $15,743,688 (2013 - $16,160,028). On a cumulative basis, an increase in capital assets of $27,694,026 (2013 - $12,028,732), a decrease in accounts payable of $4,209,690 (2013 – $4,131,296), and a corresponding increase in restricted fund balances of $31,903,716 (2013 - $16,160,028) would be required in the statement of financial position to reflect these transactions in accordance with Canadian public sector accounting standards as at March 31, 2014.

KPMG LLP, is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.
KPMG Canada provides services to KPMG LLP.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2014, its results of operations, its remeasurement gains and losses, its changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
May 15, 2014

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

March 31, 2014, with comparative information for 2013

	Operating Fund	Restricted Fund	Total March 31, 2014	Total March 31, 2013
ASSETS				
Current assets				
Cash and short-term investments (Schedule 2)	$ 10,710,917	$ 10,487,488	$ 21,198,405	$ 24,786,276
Accounts receivable				
Ministry of Health - General Revenue Fund	151,152	-	151,152	170,275
Other	896,342	1,622,835	2,519,177	3,323,066
Inventory	1,399,363	-	1,399,363	1,365,467
Prepaid expenses	478,540	-	478,540	465,639
	13,636,314	12,110,323	25,746,637	30,110,723
Investments (Schedule 2)	2,531,198	798,197	3,329,395	2,858,926
Capital assets (Note 3)	-	62,667,204	62,667,204	51,663,123
Total Assets	$ 16,167,512	$ 75,575,724	$ 91,743,236	$ 84,632,772
LIABILITIES AND FUND BALANCES				
Current liabilities				
Accounts payable	$ 1,625,881	$ 5,953,083	$ 7,578,964	$ 11,105,599
Accrued salaries	4,838,638	-	4,838,638	2,814,377
Vacation payable	6,477,671	-	6,477,671	6,208,053
Mortgages payable – Current (Note 5)	-	513,218	513,218	486,608
Long term debt - Current (Note 6)	-	52,044	52,044	49,430
Deferred revenue (Note 7)	1,529,250	-	1,529,250	1,685,780
	14,471,440	6,518,345	20,989,785	22,349,847
Long term liabilities				
Long term debt (Note 6)	-	858,791	858,791	910,835
Mortgages payable (Note 5)	-	3,960,542	3,960,542	4,477,237
Employee future benefits (Note 11)	3,057,400	-	3,057,400	3,123,800
Total Liabilities	17,528,840	11,337,678	28,866,518	30,861,719
Fund Balances:				
Invested in capital assets	-	57,282,609	57,282,609	45,739,013
Externally restricted (Schedule 3)	-	4,539,411	4,539,411	7,710,758
Internally restricted (Schedule 4)	-	2,416,026	2,416,026	1,748,980
Unrestricted deficit	(1,361,328)	-	(1,361,328)	(1,427,728)
Fund balances (Statement 4)	(1,361,328)	64,238,046	62,876,718	53,771,053
Total Liabilities & Fund Balances	$ 16,167,512	$ 75,575,724	$ 91,743,236	$ 84,632,772

Contractual Obligations (Note 4)
Employee future benefits (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations

Year ended March 31, 2014, with comparative information for 2013

	Operating Fund			Restricted Fund	
	Budget 2014 (Note 12)	2014	2013	2014	2013
REVENUES					
Ministry of Health - general	$ 87,517,748	$ 90,488,325	$ 83,579,037	$ 5,149,756	$ 465,000
Other provincial	269,670	284,278	282,298	261,560	265,218
Federal government	-	540	12,305	-	-
Patient & client fees	9,287,901	9,346,413	9,352,494	-	-
Out of province (reciprocal)	543,500	682,721	646,054	-	-
Out of country	14,250	17,779	19,186	-	-
Donations	-	50,473	169,907	6,106,253	6,611,985
Ancillary	198,942	202,547	206,374	-	-
Investment	180,000	210,482	194,586	108,384	174,468
Recoveries	888,635	1,088,721	1,082,774	-	-
Other	502,078	468,076	292,614	14,386	3,422
Total revenues	**99,402,724**	**102,840,355**	**95,827,629**	**11,640,339**	**7,520,093**
EXPENSES					
Inpatient & resident services					
Nursing administration	4,417,977	4,318,559	4,342,671	-	-
Acute	6,257,103	6,611,993	6,647,639	157,945	169,145
Supportive	8,378,012	8,805,641	8,699,485	85,229	100,959
Integrated	21,199,675	22,508,772	22,030,897	3,505,247	3,595,570
Total inpatient & resident services	**40,252,767**	**42,244,965**	**41,720,492**	**3,748,421**	**3,865,674**
Physician compensation	**1,714,679**	**1,897,284**	**1,396,023**	-	-
Ambulatory care services	**320,294**	**161,807**	**157,464**	-	-
Diagnostic & therapeutic services	**9,460,657**	**9,586,487**	**8,756,975**	-	-
Community health services					
Primary health care	1,203,470	1,190,228	1,117,536	3,408	3,407
Home care	7,093,807	7,135,700	7,011,505	29,408	27,217
Mental health & addictions	3,709,290	3,330,256	3,341,953	-	-
Population health	3,334,037	3,265,413	3,115,780	3,313	2,920
Emergency response services	4,946,122	4,992,002	4,949,445	308,602	364,211
Other community services	388,373	397,286	378,807	-	-
Total community health services	**20,675,099**	**20,310,885**	**19,915,026**	**344,731**	**397,755**
Support services					
Program support	6,373,813	6,656,685	6,030,034	61,419	94,843
Operational support	19,493,802	19,820,648	19,394,620	-	-
Other support	319,831	403,002	293,100	-	-
Employee future benefits	(66,400)	(66,400)	(67,500)	-	-
Total support services	**26,121,046**	**26,813,935**	**25,650,254**	**61,419**	**94,843**
Ancillary	**213,370**	**205,095**	**185,115**	-	-
Total expenses (Schedule 1)	**98,757,912**	**101,220,458**	**97,781,349**	**4,154,571**	**4,358,272**
Excess (deficiency) of revenues over expenses	**$ 644,812**	**1,619,897**	**(1,953,720)**	**7,485,768**	**3,161,821**

The accompanying notes and schedules are part of these financial statements.

Statement 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Remeasurement Gains and Losses

Year ended March 31, 2014

	2014
Accumulated remeasurement gains, beginning of year	$ -
Unrealized gain (losses) attributed to:	
Investments (Note 2, Schedule 2)	-
Realized gains (losses), reclassified to statement of operations:	
Investments (Note 2, Schedule 2)	
Designated fair value	-
Equity instruments	-
	-
Net remeasurement gains for the year	-
Accumulated remeasurement gains (losses), end of year	-

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

Year ended March 31, 2014, with comparative information for 2013

2014	Operating Fund	Restricted Fund	Total 2014
Fund balance, beginning of year	$ (1,427,728)	$ 55,198,781	$ 53,771,053
Excess of revenues over expenses	1,619,897	7,485,768	9,105,665
Interfund transfers (Note 14)	(1,553,497)	1,553,497	-
Fund balance, end of year	$ (1,361,328)	$ 64,238,046	$ 62,876,718

2013	Operating Fund	Restricted Fund	Total 2013
Fund balance, beginning of year	$ (1,495,229)	$ 54,058,181	$ 52,562,952
Excess (deficiency) of revenues over expenses	(1,953,720)	3,161,821	1,208,101
Interfund transfers (note 14)	2,021,221	(2,021,221)	-
Fund balance, end of year	$ (1,427,728)	$ 55,198,781	$ 53,771,053

The accompanying notes and schedules are part of these financial statements

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flow

Year ended March 31, 2014, with comparative information for 2013

	Operating Fund		Restricted Fund	
	2014	2013	2014	2013
Cash provided by (used in):				
Operating activities:				
Excess (deficiency) of revenue over expenses	$ 1,619,897	$ (1,953,720)	$ 7,486,768	$ 3,161,821
Net change in non-cash working capital (Note 8)	1,176,217	(778,138)	(1,789,288)	6,079,725
Employee future benefit expense (recovery)	(66,400)	(67,500)	-	-
Amortization of capital assets	-	-	3,896,587	4,052,390
Loss on disposal of capital assets	-	-	1,203	15,580
	2,729,714	(2,799,358)	9,594,270	13,309,516
Capital activities:				
Purchase of capital assets				
Buildings/construction	-	-	(13,893,078)	(13,468,368)
Land	-	-	(51,103)	-
Equipment	-	-	(957,690)	(1,826,089)
Proceeds on disposal of capital assets				
Equipment	-	-	-	13,311
	-	-	(14,901,871)	(15,281,146)
Investing activities:				
Redemption (purchase) of long-term investments	(766,556)	1,290,153	296,087	91,327
	(766,556)	1,290,153	296,087	91,327
Financing activities:				
Repayment of debt	-	-	(539,515)	(532,652)
Debt incurred	-	-	-	1,000,000
	-	-	(539,515)	467,348
Net increase (decrease) in cash & short term investments during the year	1,963,158	(1,509,205)	(5,551,029)	(1,412,955)
Cash & short term investments, beginning of year	10,301,256	9,799,240	14,485,020	17,919,196
Interfund transfers (Note 14)	(1,553,497)	2,021,221	1,553,497	(2,021,221)
Cash & short term investments, end of year (Schedule 2)	$ 10,710,917	$ 10,301,256	$ 10,487,488	$ 14,485,020

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2014

1. Legislative Authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of *The Act*. The Heartland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

(a) Health Care Organizations (HCO)

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under The Income Tax Act of Canada):

- St. Joseph's Hospital of Macklin

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

2. Significant Accounting Policies (continued)

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

2. Significant Accounting Policies (continued)

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

2. Significant Accounting Policies (continued)

(g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the consolidated financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in revenues or expenses in the period in which they become known.

(h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: i) fair value or ii) cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- Accounts receivable
- Short-term and long-term investments
- Accounts payable, accrued salaries and vacation payable
- Long-term debt
- Mortgages payable

The related debt premium or discount and transaction costs are included in the carrying value of financial instruments recorded at cost or amortized cost and are amortized into interest expense using the effective interest rate method.

As at March 31, 2014 the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives. All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement operations.

(i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	Cost	Accumulated Amortization	2014 Net Book Value	2013 Net Book Value
Land	$ 377,548	$ -	$ 377,548	$ 377,548
Land Improvements	786,554	505,192	281,362	281,135
Buildings	71,597,458	46,847,816	24,749,642	26,927,566
Equipment	22,342,629	17,273,522	5,069,107	5,709,182
Construction in progress	32,189,545	-	32,189,545	18,387,692
	$ 127,293,734	$ 64,626,530	$ 62,667,204	$ 51,683,123

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2014, contractual obligations for the acquisition of capital assets were $4,424,881 (2013 - $35,897,667).

The Ministry of Health has provided the RHA with funding to be used to construct two long term care facilities under shared-ownership between the Ministry and the RHA. As at March 31, 2014, cumulative funding of $31,903,716 (2013 - $16,160,028) has been provided for the construction of these facilities. The portion related to the Ministry's share of the project is $27,694,026 (2013 - $12,028,732) which is not reflected in these financial statements.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2015	$ 251,644
2016	239,986
2017	238,150
2018	161,982
2019	-

4. Contractual Obligations (continued)

c) Asset Retirement Obligations

The RHA has identified asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

d) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2014. Note 10 b) provides supplementary information on Health Care Organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2014	2013
Heritage Manor, Kindersley - CMHC mortgage, due May 1, 2021	5.02%	$289,327 principal and interest of which $89,076 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Sept 1, 2014	$1,741,448	$1,938,863
Golden Years Lodge, Elrose - CMHC mortgage due Aug 1, 2025	4.32%	$71,981 principal and interest of which $90,000 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Feb 1, 2016	648,838	692,022
Jubilee Lodge, Eston - CMHC mortgage due June 1, 2022	4.17%	$77,534 principal and interest of which $17,111 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Oct 1, 2015	541,161	595,098
Diamond Lodge Company Ltd, Biggar - CMHC mortgage due Apr 1, 2019	4.17%	$78,732 principal and interest of which $16,419 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Oct 1, 2015	360,368	422,786
Outlook & District Pioneer Home, Outlook - CMHC mortgage due Apr 1, 2021	4.69%	$58,742 principal and interest of which $15,700 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	353,980	395,227
Prairie Manor, Dinsmore - CMHC mortgage due Apr 1, 2022	4.69%	$42,704 principal and interest of which $11,775 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	287,326	315,953
Lucky Lake & District, Lucky Lake - CMHC mortgage due Oct 1, 2021	4.32%	$42,330 principal and interest of which $10,031 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Feb 1, 2016	273,556	303,469
Prairie View Lodge, Davidson - CMHC mortgage due Dec 1, 2020	2.11%	$45,866 principal & interest of which $11,449 is subsidized by SHC yielding and effective interest rate of 2.00%. Mortgage renewal date Dec 1, 2019	267,083	300,427
			4,473,760	4,963,845
Less current portion			513,218	486,608
			$3,960,542	$4,477,237

5. Mortgages Payable (continued)

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2015	$ 513,218
2016	536,994
2017	561,477
2018	587,108
2019	613,941
2020 and subsequent	1,661,022
	$ 4,473,760

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2014	2013
Energy Performance Contract Toronto-Dominion Bank Due May 1, 2027	4.48%	$91,683 principal & interest. (Note 15)	$ 910,835	$ 960,265
			910,835	960,265
Less current portion			52,044	49,430
			$ 858,791	$ 910,835

The term loan with Toronto-Dominion Bank is unsecured. Principal repayments required in each of the next five years is estimated as follows:

2015	$ 52,044
2016	54,307
2017	56,781
2018	59,384
2019	62,100
2020 and subsequent	626,219
	$ 910,835

7. Deferred Revenue

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Health Transition	$ 6,622	$ -	$ -	$ 6,622
Safety Training Initiative	16,885	5,401	-	11,484
Public Health Immunizations	19,906	19,906	-	-
Infection Control	219,719	150,000	-	69,719
Surgical Initiatives	208,034	-	-	208,034
HIV Strategy	1,000	1,000	-	-
Preventative Dental Services	26,400	-	-	26,400
Primary Care Redesign	132,969	93,765	-	39,204
Perioperative Nurse Training	30,683	30,683	31,870	31,870
Locum Funding	44,568	44,568	-	-
Living the Dream and Talking to Youth	2,882	2,568	-	314
Long Term Care Urgent Issues Action Fund	-	-	452,394	452,394
	$ 709,648	$ 347,891	$ 484,264	$ 946,021
Non Sask Health Initiatives				
Workplace Wellness	$ 901	$ -	$ -	$ 901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Kids First Program	66,469	65,484	75,385	76,370
Family & Students Together	23,911	-	-	23,911
Nursing Recruitment Funding	159,994	-	-	159,994
LEAN	29,838	29,838	-	-
Falls and Injury Prevention	-	-	-	-
Community Inclusive Services and Support	24,563	19,704	-	4,859
Preventative Dental Services	37,455	7,279	-	30,176
Other	146,480	-	-	146,480
Grace Notes	882	43	-	839
Primary Care Redesign	100,000	18,986	-	81,014
Gateway Online	30,708	30,708	-	-
Beechy Clinic Rent	1,080	1,080	-	-
Ehealth Saskatchewan Transformation Fund	215,500	215,500	-	-
Autism	110,087	-	17,017	127,104
Regional Intersectoral Committee	16,337	1,892	5,209	19,654
	$ 976,132	$ 390,514	$ 97,611	$ 693,229
Total Deferred Revenue	$ 1,685,780	$ 738,405	$ 581,875	$ 1,529,250

7. Deferred Revenue (continued)

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Mental Health Manager	$ 23,281	$ 23,281	$ -	$ -
Primary Health Transition	6,622	-	-	6,622
Professional Development	7,122	7,122	-	-
Primary Health Info Service	10,031	10,031	-	-
Aboriginal Awareness	10,529	10,529	-	-
Quality Health Workplace Initiative	24,962	24,962	-	-
Safety Training Initiative	28,043	11,178	-	16,865
Public Health Immunizations	14,087	-	5,819	19,906
Autism	16,461	16,461	-	-
Recruit Initiative	20,000	20,000	-	-
Infection Control	219,719	-	-	219,719
Surgical Initiatives	208,034	-	-	208,034
Saskatchewan Medical Association	31,150	31,150	-	-
Physician Relocation	15,000	15,000	-	-
HIV Strategy	1,000	-	-	1,000
Preventative Dental Services	21,144	21,144	26,400	26,400
Primary Care Redesign	-	67,031	200,000	132,969
Perioperative Nurse Training	-	24,547	55,230	30,683
Locum Funding	-	59,599	104,167	44,568
Living the Dream and Talking to Youth	-	-	2,882	2,882
	$ 657,185	$ 342,035	$ 394,498	$ 709,648
Non Sask Health Initiatives				
Workplace Wellness	$ 901	$ -	$ -	$ 901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Kids First Program	66,036	74,332	74,765	66,469
Family & Students Together	23,911	-	-	23,911
Nursing Recruitment Funding	186,058	26,064	-	159,994
LEAN	61,264	31,426	-	29,838
Falls and Injury Prevention	46	46	-	-
Community Inclusive Services and Support	65,884	41,321	-	24,563
Preventative Dental Services	39,950	2,495	-	37,455
Other	146,480	-	-	146,480
Grace Notes	1,046	164	-	882
Primary Care Redesign	-	-	100,000	100,000
Gateway Online	-	-	30,708	30,708
Beechy Clinic Rent	-	-	1,080	1,080
Ehealth Sakatchewan Transformation Fund	-	-	215,500	215,500
Autism	-	-	110,087	110,087
Regional Intersectoral Committee	-	-	16,337	16,337
	$ 603,503	$ 175,848	$ 548,477	$ 976,132
Total Deferred Revenue	$ 1,260,688	$ 517,883	$ 942,975	$ 1,685,780

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Fund	
	2014	2013	2014	2013
Accounts receivable	$ 406,333	$ (440,001)	$ 416,679	$ (2,039,514)
Inventory	(33,896)	48,642	-	-
Prepaid expenses	(12,901)	(275,846)	-	-
Accounts payable	(1,320,668)	(963,523)	(2,205,967)	8,119,239
Accrued salaries	2,024,261	427,369	-	-
Vacation payable	269,618	129	-	-
Deferred revenue	(156,530)	425,092	-	-
	$ 1,176,217	$ (778,138)	$ (1,789,288)	$ 6,079,725

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2014 was $9,334 (2013 - $13,106). These amounts are not reflected in the financial statements.

10. Related Parties

These consolidated financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

10. Related Parties (continued)

	2014	2013
Revenues		
Ministry of Health	$ 95,638,081	$84,044,037
Saskatchewan Housing Corporation	261,560	265,218
Other	284,278	282,298
	$ 96,183,919	$84,591,553
Expenditures		
3sHealth	$ 451,283	$ 291,519
3sHealth Dental Plan	737,779	728,923
3sHealth Disability Plan	703,277	718,520
3sHealth Enhanced Dental/Extended Health Plan	1,645,084	1,647,002
Beechy Demaine Emergency Services	137,500	141,292
Bridgepoint Centre for Eating Disorders Inc.	591,141	577,101
Canadian Mental Health Association (Saskatchewan Division) Inc.	30,370	30,159
Cypress Regional Health Authority	66,322	17,888
Eatonia Oasis Living	119,257	118,432
Ehealth	113,719	67,073
Elrose Ambulance Service	13,498	13,498
Ministry of Central Services	944,426	615,760
North Sask Laundry	511,551	474,032
Other Regional Health Authorities	491	736
Prairie North Regional Health Authority	168,264	104,393
Prince Albert Parkland Health Region	1,196	-
Provincial Public Safety Telecommunications Network	80,264	53,152
Public Employees Pension Plan	44,458	43,463
Sask Energy Incorporated	1,056,181	975,485
Sask Power Corporation	816,329	2,005,793
Sask Workers' Compensation Board	1,074,798	1,093,433
Saskatchewan Finance	12,198	40,949
Saskatchewan Healthcare Employees' Pension Plan	4,679,059	4,627,367
Saskatchewan Telecommunications	595,165	297,101
Saskatoon Regional Health Authority	56,933	47,117
SGI Canada Insurance Services Ltd	6,512	34,621
St Joseph's Hospital of Macklin	2,265,041	2,122,026
	$ 16,812,096	$16,886,837

10. Related Parties (continued)

	2014	2013
Accounts Receivable		
Ministry of Health	$ 151,152	$ 170,275
SGI Canada Insurance Services Ltd	13,445	25,601
Saskatoon Regional Health Authority	696	3,460
Ehealth	-	215,550
Saskatchewan Worker's Compensation Board	33,571	44,224
	$ 198,864	$ 459,110
Prepaid Expenditures		
3sHealth	$ -	$ 23,185
Saskatchewan Worker's Compensation Board	242,606	259,696
SGI Canada Insurance Services Ltd	4,606	34,146
	$ 247,212	$ 317,027
Accounts Payable		
3sHealth	$ 74,852	$ 23,605
3sHealth Dental Plan	63,842	61,706
3sHealth Disability Plan	-	109,882
3sHealth Enhanced Dental/Extended Health Plan	9,225	127,162
Cypress Regional Health Authority	11,948	-
Eatonia Oasis Living	408	-
Ehealth	27,511	10,821
Ministry of Central Services	91,774	200,420
Ministry of Health	4,209,690	4,131,296
Minster of Finance	-	4,141
North Sask Laundry	44,157	46,329
Prairie North Regional Health Authority	19,550	-
Prince Albert Parkland Health Region	1,000	-
Provincial Public Safety Telecommunications Network	2,049	-
Public Employees Pension Plan	3,412	5,994
Sask Energy Incorporated	152,516	127,106
Sask Ministry of Central Services	3,219	3,078
Sask Power Corporation	-	238
Saskatchewan Healthcare Employees' Pension Plan	-	644,541
Saskatchewan Telecommunications	209,030	4,961
Saskatoon Regional Health Authority	1,658	1,391
St Joseph's Hospital of Macklin	1,125	54,908
	$ 4,926,966	$ 5,557,578

10. Related Parties (continued)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2014	2013
Bridgepoint Centre for Eating Disorders Inc.	$ 581,141	$ 577,101
Canadian Mental Health Association (Saskatchewan Division) Inc.	30,370	30,159
	$ 611,511	$ 607,260

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2014	2013
St. Joseph's Hospital of Macklin	$ 2,265,041	$ 2,122,026
	$ 2,265,041	$ 2,122,026

10. Related Parties (continued)

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, 2014 and 2013.

		2014		2013
Statement of financial position:				
Assets	$	532,066	$	488,397
Net capital assets		2,319,013		2,449,354
	$	2,851,079	$	2,937,751
Total liabilities	$	403,165	$	353,728
Total fund balances		2,447,914		2,584,023
	$	2,851,079	$	2,937,751
Results of operations:				
RHA grant	$	2,265,041	$	2,122,026
Other revenue		366,598		382,364
Total revenue	$	2,631,639	$	2,504,390
Salaries and benefits	$	2,216,693	$	2,095,930
Other expenses		551,055		511,158
Total expenses	$	2,767,748	$	2,607,088
Excess (deficiency) of revenue over expenses	$	(136,109)	$	(102,698)

Other expenses include amortization of $144,596 (2013 - $147,166).

Cash flows:				
Cash from operations	$	103,848	$	(76,936)
Cash used in investing and financing activities		-		(163)
Cash used in capital		(5,767)		(2,691)
Increase (decrease) in cash	$	98,081	$	(79,790)

Cash used in capital activities includes capital purchases of $14,255 (2013 - $49,786) and loss on disposal of $nil (2013 - $3,227).

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP[1]	PEPP	Total 2014	Total 2013
Number of active members	1,377	10	1,387	1,357
Member contribution rate, percentage of salary	7.70-10.00%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	8.62-11.20%*	6.00-7.00%*		
Member contributions	4,177,750	48,060	4,225,810	4,174,638
RHA contributions	4,679,059	44,458	4,723,517	4,670,830

* Contribution rate varies based on employee group.
1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2014. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

b) Accumulated sick leave benefit liability:

The RHA provides certain compensated sick leave benefits to its employees. These benefits generally accumulate with employee service but do not vest. The liability represents the present value of the amount attributed to the expected future utilization of the accumulated sick leave benefits. The liability relates only to the sick days used in a future year that are over and above sick days earned in a future year.

11. Employee future benefits (continued)

The liability is actuarially determined using the projected benefit method prorated on service and management's best estimate of expected increase in earnings, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2014. Key assumptions used as inputs into the calculation are as follows:

	2014	2013
Discount rate	2.50	2.75
Expected average remaining service life	12 years	12 years
Earnings increase for seniority, merit and promotion is as follows:		
Employee groups		
For ages 15 to 29		2.0%
For ages 30 to 39		1.5%
For ages 40 to 49		1.0%
For ages 50 to 59		0.5%
For ages 60 and over		0.0%
SUN members at 20 years of service (ages 60 and over)		2.0%

	2014	2013
Accrued benefit obligation, beginning of year	$ 3,123,800	$ 3,191,300
Cost for the year		
Current period benefit cost	384,600	372,900
Employment benefit interest Expense	81,100	90,100
Actuarial (gains) losses	18,000	14,200
Benefits paid during the year	(560,100)	(544,700)
Accrued benefit obligation, end of year	$ 3,067,400	$ 3,123,800

Unamortized actuarial losses at March 31, 2014 were $113,900 (2013 - $201,100).

12. Budget

The RHA approved the 2013-2014 budget plan on May 29, 2013. Subsequent to budget approval, contract compensation adjustments totaling $2,547,927 were added to the budget for both revenue and expenses.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from the Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposures as follows:

	2014	2013
Cash and short-term investments	$ 21,198,405	$ 24,786,276
Accounts receivable		
Ministry of Health - General Revenue Fund	151,152	170,275
Other	2,519,177	3,323,066
Investments	3,329,395	2,859,926
	$ 27,198,129	$ 31,139,543

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

13. Financial Instruments (continued)

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2014 and 2013 have fixed interest rates.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2014 the RHA has a cash balance of $ 21,199,405 (2013 - $24,786,276)

f) Fair value:

The carrying amount of the following financial instruments approximate fair value due to their immediate or short-term nature:

- Accounts receivable
- Accounts payable, accrued salaries and vacation payable
- Cash and short term investments

The fair value of mortgages payable and long term debt before the repayment required within one year, is $3,870,697 (2013 - $3,767,289) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2014		2013	
	Operating Fund	Restricted Fund	Operating Fund	Restricted Fund
Capital asset purchases	$ (191,665)	$ 191,665	$ (94,529)	$ 94,529
Mortgage payments	(445,657)	445,657	(443,128)	443,128
Capital project funding	-	-	2,942,000	(2,942,000)
TD Bank loan repayment	(91,683)	91,683	(76,403)	76,403
Other	(824,502)	824,502	(306,719)	306,719
	$ (1,553,497)	$ 1,553,497	$ 2,021,221	$ (2,021,221)

15. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. The RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $1,538,746. Construction costs have been financed through a $1,000,000 long term debt facility with a balance of $910,835 outstanding (2013 - $960,265), which bears interest at a rate of 4.48%. The term debt facility is amortized over a period of 15 years.

Construction work for the energy performance contract was complete in December 2012, and as such, sufficient information to determine savings was not available as of March 31, 2014.

16. Pay for Performance

Effective April 1, 2011 a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2013-14 have not been determined as information required to assess senior employee performance is not yet available.

17. Future Accounting Changes

PS 3260 – *Liability for Contaminated Sites* (PS 3260)

In June 2010, the Public Sector Account Board (PSAB) issued PS 3260, which is effective for fiscal years beginning on or after April 1, 2014. The standard addresses liabilities for remediation related to sites, or parts of a site no longer in active or productive use. PS 3260 defines which activities would be included in a liability for remediation, establishes when to recognize and how to measure a liability for remediation, and provides the related financial statement presentation and disclosure requirements. The RHA is currently assessing the new standard and does not expect the adoption to have a material impact on the financial statements.

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2014, with comparative information for 2013

	Budget 2014	Actual 2014	Actual 2013
Operating:			
Advertising & public relations	$ 107,936	$ 95,824	$ 109,465
Board costs	100,893	81,661	91,440
Compensation - benefits	12,751,730	13,038,736	12,600,078
Compensation - employee future benefits	(66,400)	(66,400)	(67,500)
Compensation - salaries	66,201,988	67,426,656	66,248,321
Continuing education fees & materials	119,191	88,065	149,696
Contracted-out services - other	894,283	866,627	801,938
Diagnostic imaging supplies	42,710	37,485	41,916
Dietary supplies	130,500	105,575	142,150
Drugs	679,903	632,090	700,302
Food	1,394,700	1,419,903	1,415,754
Grants to ambulance services	130,498	129,825	129,126
Grants to health care organizations & affiliates	2,711,454	2,950,270	2,734,405
Housekeeping & laundry supplies	553,361	575,272	569,301
Information technology contracts	565,885	588,856	462,878
Insurance	250,345	259,688	244,230
Interest	12,696	28,495	12,949
Laboratory supplies	740,641	706,269	738,632
Medical & surgical supplies	1,291,274	1,252,735	1,316,365
Medical remuneration and benefits	2,010,415	2,142,492	1,377,053
Meetings	52,630	16,374	32,137
Office supplies & other office costs	580,268	620,847	597,023
Other	501,541	522,983	481,369
Professional fees	905,571	908,439	772,229
Purchased salaries	329,147	333,071	176,102
Rent/lease/purchase costs	994,485	1,197,146	1,050,453
Repairs and maintenance	1,700,751	2,042,784	1,738,457
Supplies - other	174,299	186,344	162,408
Therapeutic supplies	28,200	22,077	16,220
Travel	890,090	953,217	984,376
Utilities	1,976,927	2,057,052	1,962,077
	$ 98,757,912	$ 101,220,458	$ 97,781,349
Restricted:			
Amortization		$ 3,896,587	$ 4,052,390
Loss on disposal of fixed assets		1,203	15,580
Mortgage interest expense		214,527	238,897
Other		42,254	51,405
		4,154,571	4,358,272
		$ 105,375,029	$ 102,139,621

Schedule 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2014

		Carrying Value	Maturity	Effective Rate
Restricted Cash and Investments				
Cash and Short Term Investments				
Chequing and Savings:				
RBC Dominions Securities	$	215,575		
Prairie Centre Credit Union - Rosetown		9,821,130		
		10,036,705		
Short Term Investments:				
CPN - Prov of Ont		7,183	05/03/2014	3.83%
GIC - Canadian Western Bank		88,200	11/27/2014	3.20%
GIC - LBC Trust		88,200	11/27/2014	3.15%
GIC - Resmor Trust Company		88,200	11/27/2014	3.25%
GIC - B2B Trust		92,500	02/02/2015	2.25%
GIC - AGF Trust		86,500	02/18/2015	3.17%
		450,783		
Total Cash & Short Term Investments	$	10,487,488		
Long Term				
CPN - Prov of Ont	$	6,918	05/03/2015	3.83%
GIC - HSBC Bank		66,283	08/09/2015	3.65%
GIC - Manulife Bank		55,000	11/05/2015	2.85%
GIC - Home Trust Company		55,000	11/16/2015	2.30%
GIC - NatCan		86,500	02/18/2016	3.46%
GIC - National Bank of Canada		79,740	06/15/2016	3.03%
GIC - ICICI Bank		55,000	11/07/2016	2.78%
GIC - Laurentian Bank		89,060	01/29/2017	2.15%
GIC - Pacific & Western		75,000	06/04/2017	2.60%
GIC - Equitable Trust		75,000	06/05/2017	2.55%
GIC - Equitable Bank		69,396	11/21/2018	2.65%
GIC - Homequity Bank		85,300	07/26/2018	2.65%
		798,197		
Total Restricted Cash and Investments	$	11,285,685		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2014

		Carrying Value	Maturity	Effective Rate
Unrestricted Cash and Investments				
Cash and Short Term				
Affinity Credit Union - Davidson	$	21,667		
Aterna Investment Svgs		702,478		
Biggar Credit Union		32,875		
CIBC - Lucky Lake		7,044		
Co-Op Equity Accounts		20,013		
Hollis Investment Savings		70,923		
Innovation Credit Union - Wilkie		58,469		
Kerrobert Credit Union		675,604		
Petty Cash		7,085		
Prairie Centre Credit Union - Rosetown		7,721,916		
Synergy Credit Union - Kindersley		42,706		
Unity Credit Union		23,813		
		9,384,393		
Short Term Investments:				
GIC-Cdn Western Bank	$	251,999	08/29/2014	2.10%
Term Deposits				
Prairie Centre Credit Union - Rosetown	$	1,074,525	11/05/2014	1.95%
Total Cash & Short Term Investments	$	10,710,917		
Long Term Investments				
GIC - General Bank of Cda	$	262,193	08/29/2015	2.12%
GIC - RBC		229,359	09/06/2015	2.00%
GIC - Concentra		261,632	08/29/2016	2.30%
GIC - RBC		229,359	09/06/2016	2.15%
GIC - Concentra		236,666	10/11/2017	2.78%
GIC - Manulife		236,666	10/11/2017	2.61%
		1,456,175		
Term Deposits				
Prairie Centre Credit Union - Rosetown	$	1,075,023	10/19/2016	2.25%
		2,531,198		
Total Unrestricted Investments	$	13,242,115		
Total Cash and Investments	$	24,527,800		

Restricted investments consist of: Replacement Reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund (Schedule 4).

Restricted and Unrestricted Totals		
Total Cash & Short Term	$	21,198,405
Total Long-Term Investments	$	3,329,395
Total Investments	$	24,527,800

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2014, with comparative information for 2013

Capital Fund	Balance Beginning of Year	Donations	Other Capital Revenue, Net of Expenses	Transfer from (to) Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Restricted Donations						
Donations	$ 1,402,933	$ 246,837	$ 17,960	$ -	$ (509,067)	$ 1,158,663
Restricted Capital Funding						
Equipment Funding	219,650	-	35,000	-	(76,716)	177,934
Diagnostic Equipment	12,734	-	-	-	-	12,734
Safety Equipment	9,990	-	-	-	-	9,990
Block Funding	518,957	-	400,000	-	(158,169)	760,788
Long Term Care Building Projects	5,285,657	5,859,416	4,746,613	-	(13,801,853)	2,089,833
EMS Radios	13,959	-	-	-	-	13,959
Other	246,908	-	68,607	-	-	315,510
Total Externally Restriced Funds	$ 7,710,788	$ 6,106,253	$ 5,268,180	$ -	$ (14,545,805)	$ 4,539,411

Schedule 4

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2014, with comparative information for 2013

	Balance Beginning of Year	Investment & Other Income	Annual Allocation from Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Replacement Reserves						
Biggar Diamond Lodge	$ 87,890	$ -	$ -	$ -	$ -	$ 87,890
Outlook Pioneer Home	55,270	-	-	-	-	55,270
Kindersley Heritage Manor	224,880	-	-	-	-	224,880
Davidson Prairie View Lodge	179,250	-	-	-	-	179,250
Elrose & District Health Centre	74,000	-	-	-	-	74,000
Eston Jubilee Lodge	144,320	-	-	-	-	144,320
Total Replacement Reserves	765,610	-	-	-	-	765,610
Other Internally Restricted Funds						
Appropriated for Other	983,370	6,956	-	1,553,497	(693,407)	1,850,416
Total Internally Restricted	$ 1,748,980	$ 6,956	$ -	$ 1,553,497	$ (693,407)	$ 2,416,026

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2014, with comparative information for 2013

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total 2014	Total 2013
Anderson Richard - Chairperson	$ 9,960	$ 7,350	$ 2,531	$ 3,211	$ -	$ 888	$ 23,940	$ 25,491
Ilott, Lorreen	-	3,388	1,361	2,035	-	191	6,975	6,507
Goring, Loretta	-	3,725	802	1,103	-	-	5,630	5,621
Groves, Gary	-	3,050	438	914	-	132	4,534	3,463
Leys, Lyle	-	-	-	-	-	-	-	771
Lorenz, Hazel	-	2,200	875	1,514	-	106	4,695	6,021
Nikiforuk, David	-	2,063	750	1,348	-	75	4,236	6,851
Rankin, Lyle	-	1,800	338	492	-	41	2,672	3,473
Siemens, George	-	2,065	425	445	-	-	2,935	3,900
McIntyre, Norm	-	3,200	725	1,138	-	184	5,247	7,156
Stockford, Mark	-	1,000	225	350	-	54	1,629	-
Whittles, Mary-Lou	-	3,013	848	1,226	-	143	5,230	5,206
TOTAL	$ 9,960	$ 32,854	$ 9,318	$ 13,777	$ -	$ 1,814	$ 67,723	$ 74,460

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2014, with comparative information for 2013

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2014

Senior Employees	Salaries[1]	Vacation Payout[1,3]	Sub-total (Total Salaries)	Benefits and Allowances[2]	Severance Amount	Total 2014	Salaries, Benefits & Allowances[1,2]	Severance	Total 2013
Cummings, Gregory - President/CEO	$ 269,705	$ -	$ 269,705	$ 800	$ -	$ 270,505	$ 266,996	-	$ 266,996
Bosch, Stacey - VP of Corporate Services	176,608	-	176,608	393	-	177,001	187,093	-	187,093
Pajunen, Sheila - VP of Human Resources	175,890	-	175,890	-	-	175,890	171,974	-	171,974
Munro, Jeannie - VP of Primary Health and Quality Services	174,839	-	174,839	-	-	174,839	156,715	-	156,715
Giessing, Caroline - VP of Primary Health Services	-	-	-	-	-	-	39,818	-	39,818
Riendeau, Gayle - VP of Health Services	215,990	-	215,990	785	-	216,775	194,022	-	194,022
Wasko-Lacey, Linda - VP of Quality Services	-	-	-	-	-	-	16,250	-	16,250
Pierrepont, Wayne - Director of Environmental Services	120,571	-	120,571	1,585	-	122,156	121,130	-	121,130
Ledding, Dr. David - Sr. Medical Manager	149,500	-	149,500	-	-	149,500	138,000	-	138,000
Williams, Dr Lyle - Interim Sr Medical Manager	25,000	-	25,000	-	-	25,000	-	-	-
Total	$1,308,103	$ -	$1,308,103	$ 3,563	$ -	$1,311,666	$ 1,291,998	$ -	$1,291,998

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2014 and will be reflected in the year paid. Refer to Note 16 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.